



ISLE
OF
WIGHT
COUNTY
COUNCIL

ANNUAL REPORT

FOR
1967
ON THE
HEALTH AND WELFARE
AND
SCHOOL HEALTH
SERVICES

R. K. MACHELL, M.B., Ch.B., D.P.H.,

*County Medical Officer, County Welfare Officer
and Principal School Medical Officer*



Constitution of
Staff ...
Introductory
Health and
Dental

Infectious Diseases	60
Prevention of Tuberculosis-	
B.C.G. Scheme	60
Vaccination and Immunisation—	
Vaccination against Poliomyelitis	61
Immunisation against Diphtheria	61
Medical Examination of Student Teachers	61
Work of the School Nurses	61
School Meals Service	62
Appendices—	
Returns to Ministry of Education	63
Principal School Clinics	68

Constitution of Committees

(At 31st December, 1967)

HEALTH AND WELFARE COMMITTEE

(Meets Quarterly)

Chairman: Mr. A. H. Rowland, C.A.

Vice-Chairman: Mr. E. E. Ralls, C.A.

Mr. J. E. Blythe	Mr. A. G. Moody
Mr. J. A. Brazier, M.B.E., J.P., C.A.	Mrs. D. J. Peacock
Mr. L. D. Brooke	Brig. C. G. Phipps, O.B.E.
Mr. R. W. J. Cawdell	Mr. J. R. Powell, J.P.
Mrs. M. Christy, C.A.	Mr. A. O. Purdy, C.A.
Mr. F. W. Colledge	Mr. A. O. Saunders
Miss J. M. Damant, J.P.	Mr. R. J. Twining
Mr. A. Guy	Mrs. E. Wall, C.A.
Mr. G. H. King	

Co-opted Members:

Dr. F. R. B. H. Kennedy, M.B.E., J.P. (Nominated by Local Medical Committee)
Mrs. W. H. Margham, S.R.N., S.C.M. (Nominated by Royal College of Nursing)

GENERAL PURPOSES SUB-COMMITTEE

(Meets Bi-Monthly)

Chairman: Mr. E. E. Ralls, C.A.

Vice-Chairman: Mrs. E. Wall, C.A.

Mr. J. A. Brazier, M.B.E., J.P., C.A.	Mrs. W. H. Margham, S.R.N., S.C.M.
Mr. L. D. Brooke	Mr. A. G. Moody
Mr. R. W. J. Cawdell	Mrs. D. J. Peacock
Mr. F. W. Colledge	Mr. A. O. Purdy, C.A.
Miss J. M. Damant, J.P.	Mr. A. H. Rowland, C.A.
Mr. A. Guy	Mr. R. J. Twining
Dr. F. R. B. H. Kennedy, M.B.E., J.P.	

MENTAL HEALTH SUB-COMMITTEE

(Meets Quarterly)

Chairman: Mr. J. A. Brazier, M.B.E., J.P., C.A.

Vice-Chairman: Mr. A. O. Saunders

Mr. J. E. Blythe	Mr. A. G. Moody
Mr. L. D. Brooke	Brig. C. G. Phipps, O.B.E.
Mrs. M. Christy, C.A.	Mr. J. R. Powell, J.P.
Miss J. M. Damant, J.P.	Mr. E. E. Ralls, C.A.
Mr. A. Guy	Mr. A. H. Rowland, C.A.
Dr. F. R. B. H. Kennedy, M.B.E., J.P.	

CARE OF THE AGED AND AFTER CARE SUB-COMMITTEE

(Meets Bi-Monthly)

Chairman: Mr. R. W. J. Cawdell

Vice-Chairman: Miss J. M. Damant, J.P.

Mr. J. E. Blythe	Mr. J. R. Powell, J.P.
Mrs. M. Christy, C.A.	Mr. E. E. Ralls, C.A.
Mr. F. W. Colledge	Mr. A. H. Rowland, C.A.
Mrs. W. H. Margham, S.R.N., S.C.M.	Mr. A. O. Saunders
Mr. A. G. Moody	Mr. R. J. Twining
Mrs. D. J. Peacock	Mrs. E. Wall, C.A.
Brig. C. G. Phipps, O.B.E.	

Co-opted Members:

Mr. T. W. P. Hicks
Mrs. M. J. Sinclair

EDUCATION COMMITTEE

(Meets Quarterly)

Chairman : Mrs. M. Christy, C.A.

Vice-Chairman : Mr. J. A. Brazier, M.B.E., J.P., C.A.

EDUCATION SPECIAL SERVICES SUB-COMMITTEE

(Meets Bi-Monthly)

Chairman : Mr. A. H. Rowland, C.A.

Vice-Chairman : Brig. S. J. H. Green, D.S.O., M.B.E.

Rear-Admiral J. L. Blackham, C.B.
Mr. J. A. Brazier, M.B.E., J.P., C.A.
Mrs. M. Christy, C.A.
Miss J. M. Damant, J.P.
Mr. E. F. Jones

Mrs. G. M. Lavers
The Rev. G. Reeve
Mr. A. Reid, C.B.E.
Wing Cdr. E. H. Roberts, O.B.E.
Mr. B. W. Webb

STAFF

R. K. Machell, M.B., Ch.B., D.P.H. ... County Medical and Welfare Officer and
Principal School Medical Officer.
Medical Referee, I.W. Crematorium

Medical and Nursing Services

Medical Officers in Mixed Appointments-

J. Mills, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	Deputy County Medical and Welfare Officer, Deputy Principal School Medical Officer, also M.O.H. to the Borough of Newport, Cowes Urban, and the Isle of Wight Rural Districts. Deputy Medical Referee, I.W. Crem- atorium
D. W. Quantrill, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H., D.T.M. & H., D.Obst., R.C.O.G.	Part-time Assistant Medical Officer and School Medical Officer, also M.O.H. to the Borough of Ryde, Sandown- Shanklin and Ventnor Urban Districts.

B. E. Stone, M.R.C.S., L.R.C.P., D.Obst.,
R.C.O.G. Assistant Medical Officer and School
Medical Officer

Margaret Munro, M.B., Ch.B., D.P.H. H. Broadbent, M.D., M.B., Ch.B., D.Obst., R.C.O.G.	} Part-time Assistant Medical Officers and School Medical Officers
Grace Bainbridge, M.B., B.S., M.R.C.S., D.P.M. (Resigned 17th March, 1967)	

Miss M. A. Gibbons, S.R.N., S.C.M., H.V., Q.I.D.N.	County Nursing Officer and Superinten- dent Health Visitor
Miss M. G. Morris, S.R.N., S.C.M., H.V., Q.I.D.N.	Deputy County Nursing Officer and Non- Medical Supervisor of Midwives

Dental Services

G. Simons, T.D., L.D.S.	Senior County Dental Officer and Prin- cipal School Dental Officer
W. Maden, B.D.S.	Assistant Principal School Dental Officer
J. Moore, L.D.S.	} Dental Officers
J. O. Yearby, B.D.S.	

Welfare and Mental Health Services

E. G. Bowley, F.I.S.W.	...	...	...	Chief Mental Welfare and Social Welfare Officer
M. J. Stanbrook	...	...	...	Senior Mental Welfare and Social Welfare Officer
G. Gould	...	...	...	} Mental Welfare and Social Welfare Officers
L. Mew, M.S.M.W.O.	...	...	...
J. W. Donougho	...	...	...	Mental Welfare and Social Welfare Officer (Temporary: Commenced 4th September, 1967)
Mrs. M. Turner, S.R.N., S.C.M., H.V.				Geriatric Welfare Officer
R. Barton	...	...	...	Relief Mental Welfare and Social Welfare Officer
J. Adamson	...	...	...	Home Teacher for the Blind
Mrs. C. E. Richardson	...	...	...	Supervisor—Medina House School

School Health Service

Miss E. J. Horn, M.A., Dip.Ed.Psych.	...			Educational Psychologist
J. Chisnell, A.A.P.S.W.	...	...	...	Psychiatric Social Worker
Miss D. Sykes, L.C.S.T.	...	...	...	Speech Therapist (Resigned 28th February, 1967)
Miss J. M. Ennals, L.C.S.T.	...	...	...	Speech Therapist
Miss D. Hitchins, C.S.P., F.A.P.T.	...			Remedial Gymnast (Retired 31st March, 1967)
Mrs. H. Schieffer, M.S.R.G.	...	...	...	Remedial Gymnast—Part-time (Commenced 10th April, 1967)
Miss J. A. Dodds, M.A., C.T.D.	...			Teacher of the Deaf (Commenced 11th April, 1967)
Mrs. G. Holland	...	...	...	Part-time Audiometrician

Administration

E. E. Woodhouse	...	...	...	Administrative Officer
Miss H. M. Rickard	...	...	...	Home Help Organiser (Retired 4th June, 1967)
Mrs. E. B. Thorne	...	...	...	Home Help Organiser (Commenced 6th July, 1967)
Mrs. M. McKinley	...	...	...	W.V.S. Hospital Car Secretary (Resigned 30th June, 1967)
W. G. Clarke	...	...	...	} Senior Assistants
B. W. Pierce	...	...	...
R. H. Williams	...	...	...
				Accounts Clerk

Consultants

E. F. Laidlaw, M.B., B.Ch.	...	...	Chest Physician
Gwendoline D. Knight, M.R.C.S., L.R.C.P., D.P.M.			Consultant Child Psychiatrist
H. M. McBryde, M.B., Ch.B., D.P.M.			Hon. Adviser in Mental Health

Chief Fire and Ambulance Officer

R. J. Rooke

REPORT

on the Health, Welfare and School Health Services in the Isle of Wight for the year 1967.

To the Chairman and Members of the Health and Welfare Committee of the Isle of Wight County Council.

Mr. Chairman, Ladies and Gentlemen.

I have the honour to present my Report for the year 1967 on the health and welfare services of the County Council. In the same volume is my report to the Education Committee on the School Health Services which was presented to that Committee earlier in the year. Reports on the public health functions of the district councils are of course, printed and issued separately by the Medical Officers of Health of the six districts.

The Registrar General's mid-1967 estimate of the population of the County was 98,040. The 1966 Ten Per Cent Sample Census showed a population of 97,810 compared with the 1961 Census figure of 95,752. Females exceeded males by about 5 to 4 and 19.9 per cent were aged 65 and over. This is shown particularly in the demand for nursing, health visiting, home help, ambulance and hospital car services.

The 1,386 live births of which 1,055 took place in hospital, was a decrease of 81 on the previous year and gave a live birth rate of 14.1 per 1,000 population (England and Wales 17.2). 69 live births were premature and 42 babies were notified to the Ministry as having congenital malformations. There were 4 fewer stillbirths than in 1966, giving a stillbirth rate of 10.0 per 1,000 (England and Wales 14.8 per 1,000). 139 (9.9 per cent) of the live and stillbirths were illegitimate, a decrease of 3 on 1966. The perinatal mortality rate (stillbirths and deaths under one week) was 18.6 (England and Wales 25.4) and represents 26 deaths and stillbirths, 17 less than the previous year. Total deaths exceeded births by 95 but were 26 fewer than last year. The main causes were cerebrovascular and cardiac conditions and cancer. There were no maternal deaths. Two children of school age died of malignant diseases and two from road accidents. There were no major outbreaks of infectious diseases. Measles notifications totalled 1,013 compared with 502 the previous year and 1,354 in 1965.

The 15,248 attendances at Council infant welfare centres was a slight decrease but more family doctors are holding "well-baby" sessions. The new arrangements for general practitioners to carry out the vaccinations and immunisations of their own patients came into operation in April. The total number of doses of the various vaccines against diphtheria, whooping cough, tetanus and poliomyelitis were 2,684 primary and 3,938 reinforcing, compared with 2,823 and 4,195 in the previous year. Vaccinations and re-vaccinations against smallpox totalled 1,023 compared with 398 in 1966.

Under the Council's services for prevention and after-care, arrangements were in hand at the end of the year for a limited chiropody service in Lake. Cervical cytology and family planning sessions were held regularly throughout the year on County Council premises, in addition to services by family doctors. In the year ended March 1968 the ambulance and hospital car services covered 479,705 miles, an increase of 37,621 miles on the previous year, conveying 86,745 patients, an increase of 5,221 patients, and representing 884 patients per 1,000 population. The figure for the previous year was 840 compared with the average for all authorities in 1966 of 449. In the home help services also there was an increase in demand. The total number of cases and the number of new requests dealt with increased by 7 per cent and 14 per cent respectively.

Progress was made during the year with the joint project between the Mental Health Sub-Committee and the Isle of Wight and National Spastics Societies for the purpose-built workshop and training centre for adults in Newport, which will be in operation in September 1968. Other mental health services are fully reported on pages 32 to 38.

At the end of the year, 232 residents were in the five County Council homes under Part III of the National Assistance Act and 12 in voluntary homes. There were 61 on the waiting list. The new extensions at Elmdon, Shanklin were almost completed and plans were being prepared for extensions to Osborne Cottage. Negotiations with the Ministry of Health were also in hand for the purchase of the former Nurses' Home at the Royal National Hospital, Ventnor.

The Minister asked for information to be included in this Report on co-ordination and co-operation. Attachment and liaison of Health Visitors has already begun, closer teamwork between family doctors and nurses is developing, and the Committee are being informed of progress. Family doctors and health visitors are holding more "well-baby" sessions on practice premises, and midwives continue the well-established pattern of joint ante-natal and post-natal clinics with general practitioners, either at their surgeries or at County Council clinics. Three general practitioners hold branch surgeries in a County Council clinic and discussions are proceeding over the joint use of premises in other areas. The exchange of information between consultants, general practitioners and medical officers on young children and school children is steadily increasing. There is a Maternity Liaison Committee and a Working Party on Mental Health Services. The geriatric welfare officer is attached to the consultant in geriatrics and health visitors attend the chest and venereal disease clinics for liaison purposes and contact tracing. The Deputy County Nursing Officer visits the Children's Ward and the Maternity Unit regularly and mental welfare officers visit the Psychiatric Hospital as necessary.

Many of the County Hall staff were present to say farewell to Miss Rickard who retired in June. She entered the Health Department in 1927 and was Chief Clerk to three of my predecessors until 1961 when she took over responsibility for the Home Help Service until her retirement. I should like to record my sincere thanks to her for her devoted service to the Department and we all wish her health and happiness.

In June, Mrs. McKinley retired from the post of hospital car service clerk. This post attracts little limelight but against a background of increasing demand and cost and the corresponding responsibility for an efficient organisation and the retention of the goodwill of the volunteer drivers and the co-operation of patients and doctors, she deserves a special tribute for carrying out this task admirably both under the W.R.V.S. and the County Council.

While this Report refers to the year 1967, I should like here to record the Department's grief in April of the present year at the news of the death, after a short but grave illness, of Dr. John Mills, my Deputy and Medical Officer of Health for Newport, Cowes and the Isle of Wight Rural District. Many tributes have been paid to him: suffice it to say here that his sense of humour and warmth of personality endeared him to the Department and he will be greatly missed. Our sympathy has been conveyed to his widow and two daughters.

May I conclude by thanking the staff and our colleagues in other departments and services for their contributions to, and co-operation in, the health and welfare services described in this Report.

I have the honour to be, Ladies and Gentlemen,

Your obedient servant,

ROGER KEYS MACHELL,

County Medical Officer,

County Welfare Officer,

and Principal School Medical Officer.

County Hall,
Newport, I.W.
August 1968.

Table I. Population of County Districts

Sanitary Authority	Popula- tion at 1961 Census	Registrar General's Estimate of Population for :				
		1963	1964	1965	1966	1967
I.W. Rural District	18615	18250	18620	18790	19000	19140
Cowes U.D.	16992	17080	17590	17770	17800	17820
Newport M.B.	19479	18950	19110	19020	19150	19690
Ryde M.B.	19845	19820	20350	20710	20930	21200
Sandown-Shanklin U.D.	14386	13510	13510	13740	13930	13930
Ventnor U.D.	6435	6100	6200	6240	6240	6260
Whole County	95752	93710	95380	96270	97050	98040

Table II. Vital Statistics of all Districts—1967

Area	Rural District	Cowes	Newport	Ryde	Sandown Shanklin	Ventnor	Whole County	England and Wales Rate per 1,000
Population—Registrar General's Estimate (Civilians and Non-Civilians)	19140	17820	19690	21200	13930	6260	98040	
Total Deaths :								
Number	325	225	301	296	209	125	1481	
Males	178	113	147	135	111	55	739	
Females	147	112	154	161	98	70	742	
Crude death-rate per 1000 population	16.9	12.6	15.3	13.9	15.0	19.9	15.1	11.2
Comparative factor	0.70	0.87	0.68	0.75	0.62	0.58	0.71	
Comparative death-rate	11.8	10.9	10.4	10.4	9.3	11.5	10.7	
Live Births :								
Number	252	246	284	332	185	87	1386	
Males	133	126	147	166	89	52	713	
Females	119	120	137	166	96	35	673	
Rate per 1000 population (crude) ...	13.2	13.8	14.4	15.7	13.3	13.9	14.1	17.2
Comparative factor	1.31	1.19	1.20	1.19	1.64	1.50	1.28	
Comparative birth rate	17.3	16.4	17.3	18.7	21.8	20.8	18.0	
Illegitimate Live Births (per cent of total live births)	12.3	7.7	9.8	10.5	12.4	2.3	9.9	
Stillbirths :								
Number	3	2	1	4	4	—	14	
Males	—	1	1	2	1	—	5	
Females	3	1	—	2	3	—	9	
Rate per 1000 total live and stillbirths	11.8	8.0	3.5	11.9	21.2	—	10.0	14.8
Total live and stillbirths	255	248	285	336	189	87	1400	
Infant deaths :								
Deaths of infants under 1 year of age	1	2	5	4	3	2	17	
Deaths of infants under 4 weeks of age	1	2	4	2	3	1	13	
Deaths of infants under 1 week of age	1	2	4	2	3	—	12	
Infant Mortality Rates :								
Total infant deaths per 1000 total live births	3.9	8.1	17.6	12.0	16.2	22.9	12.3	18.3
Legitimate infant deaths per 1000 legitimate live births	4.5	8.8	15.6	10.1	12.3	23.5	11.2	
Illegitimate infant deaths per 1000 illegitimate live births	—	—	35.7	28.6	43.5	—	21.7	
Neo-natal mortality rate (deaths under 4 weeks per 1000 total live births)	3.9	8.1	14.1	6.0	16.2	11.5	9.4	12.5
Early Neo-natal mortality rate (deaths under 1 week per 1000 total live births)	3.9	8.1	14.1	6.0	16.2	—	8.1	10.8
Peri-natal mortality rate (stillbirths and deaths under 1 week combined per 1000 total live and stillbirths) ...	15.7	16.1	17.5	17.9	37.0	—	18.6	25.4
Maternal mortality (including abortion)								
Number of deaths	—	—	—	—	—	—	—	
Rate per 1000 total live and stillbirths	—	—	—	—	—	—	—	0.20

**Table III. Deaths from certain diseases
for the ten years, 1958—1967**

<i>Causes of Death</i>	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Tuberculosis of respiratory system	5	3	5	5	6	9	2	2	4	2
Other forms of tuberculosis	1	1	—	—	—	—	—	1	—	2
Influenza	5	20	2	3	5	20	3	2	10	—
Measles	—	—	—	—	—	—	—	2	—	—
Cancer all sites	231	216	218	303	231	230	199	226	284	281
Cancer of lung, bronchus	40	47	43	68	54	46	61	70	58	53
Vascular lesions of nervous system	218	232	237	210	194	223	238	262	270	301
Coronary disease—angina	204	216	198	257	221	266	276	302	316	289
Other heart diseases ...	254	321	275	325	272	216	206	237	210	224
Other disease of circulatory system	55	45	63	55	81	63	55	51	60	49
Bronchitis	46	46	46	43	56	79	66	59	70	58
Pneumonia	90	84	70	45	59	73	75	59	63	67
Other respiratory diseases	20	13	22	8	14	19	12	11	15	4
Gastritis, enteritis and diarrhoea	8	9	4	6	8	10	5	13	10	5
Puerperal and post-abortive sepsis	1	2	—	—	—	—	1	—	—	—
Other maternal causes	7	3	5	9	5	6	12	9	13	6
Congenital malformations	6	9	7	12	7	10	11	18	6	11
Motor vehicle accidents ...	31	26	25	20	22	33	23	26	20	26
All other accidents ...	14	12	9	13	12	19	14	15	15	14
Other violent causes ...										
Isle of Wight										
Death rate per 1000 population	15.0	14.9	14.3	15.8	15.4	16.3	15.2	15.7	15.5	15.1
Comparable death rate per 1000	11.4	11.5	10.9	11.9	11.9	12.1	11.2	11.5	11.3	10.7
England and Wales										
Death rate per 1000 population	11.7	11.6	11.5	12.0	11.9	12.2	11.3	11.5	11.7	11.2

Mortality in School Children.

During the year four children of school age died, the reasons being as shown :—

<i>Cause of Death</i>	<i>Sex</i>	<i>Age Years</i>
Leukaemia	F	11
Neuroblastoma of Right Kidney	M	10
Multiple injuries: Ran into path of oncoming bus (accidental)	F	6
Extra Dural Haemorrhage due to fractured skull: Fall from cycle (accidental)	M	6

Table IV. Deaths in various age groups for the ten years 1958—1967

AGES		1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
0— 1	Males ...	14	12	16	16	18	14	15	13	28	9
	Females ...	14	5	8	10	10	10	5	11	14	8
	TOTAL	28	17	24	26	28	24	20	24	42	17
1— 4	Males ...	3	2	1	1	2	2	3	2	4	1
	Females ...	3	2	3	1	3	1	1	2	2	—
	TOTAL	6	4	4	2	5	3	4	4	6	1
5—14	Males ...	4	1	3	1	2	3	1	1	2	2
	Females ...	2	2	1	3	3	3	1	3	—	2
	TOTAL	6	3	4	4	5	6	2	4	2	4
15—44	Males ...	33	21	18	23	9	21	23	23	18	16
	Females ...	19	14	13	15	13	16	21	10	16	18
	TOTAL	52	35	31	38	22	37	44	33	34	34
45—64	Males ...	136	136	148	161	163	167	167	167	160	158
	Females ...	74	88	95	99	103	131	98	100	110	105
	TOTAL	210	224	243	260	266	298	265	267	270	263
65 and over	Males ...	488	518	471	515	542	550	524	525	538	553
	Females ...	614	601	555	611	563	606	593	656	615	609
	TOTAL	1102	1119	1026	1126	1105	1156	1117	1181	1153	1162
GRAND TOTAL		1404	1402	1332	1456	1431	1524	1452	1513	1507	1481

Live Births.

The number of live births in the Isle of Wight showed a decrease over the previous year of 81 to 1,386. This figure given by the Registrar General is for births registered during 1967 and adjusted for inward and outward transfers ; it therefore differs from the unadjusted figures compiled locally and detailed in Table V of this report. In a population of 98,040 this gives a live birth rate per 1,000 population of 14.1. The rate for England and Wales was 17.2.

The decline in births during 1967 was the first since 1963 and it would appear the Island is now coming into line with the trend generally throughout England and Wales where annual total births have fallen in 1965-67.

Stillbirths.

There were 14 stillbirths during the year compared with 18 in 1966, 21 in 1965, 27 in 1964, 34 in 1963 and 30 in 1962. This gave a stillbirth rate of 10.0 per 1,000 total (live and still) births. The stillbirth rate for England and Wales was 14.8 per 1,000 total live and stillbirths compared with 15.4 for 1966.

Illegitimacy.

The number of illegitimate births decreased slightly during 1967.

<i>Year</i>	<i>Illegitimate Live Births</i>	<i>Illegitimate Stillbirths</i>	<i>Total</i>
1967	138	1	139
1966	142	Nil	142
1965	136	1	137
1964	132	4	136
1963	112	5	117
1962	92	5	97

Deaths.

Deaths in the Island exceeded the live births by 95 (40 the previous year).

The total number of deaths on the Island corrected for inward and outward transfers was 1,481 (1,507 in the previous year) giving a death rate of 15.1 per 1,000 of the population. The adjusted death rate, i.e. the crude death rate multiplied by a comparability factor 0.71, was 10.7 compared with 11.3 in the previous year ; the comparable figure for England and Wales was 11.2.

Of 1,481 deaths, 1,162 or 78.5 per cent occurred in the 65 and over age group.

Morbidity.

The number of first certificates of incapacity received at the local offices of the Ministry of Social Security during 1967 was 10,715 compared with 13,496 in 1966. The highest number in any week was 300 for the week ended 10th January and the lowest 113 for the week ended 30th May.

NATIONAL HEALTH SERVICE ACT, 1946.

Section 22—Care of Mothers and Young Children.

Deaths of Infants under one year.

Throughout England and Wales the figure for infant deaths in the first year of life during 1967 was 18.3 per 1,000 live births.

In the Isle of Wight, the figure of 12.3 per 1,000 represents deaths of 17 infants in this category.

Stillbirths and infant deaths under one week (perinatal deaths) totalled 26, compared with 43 in 1966.

Maternal Mortality.

No maternal deaths occurred during 1967. The last recorded case occurred in 1964.

The maternal mortality rate for England and Wales during 1967 was 0.20 per 1,000 live and stillbirths.

Table V. Births notified to the County Medical Officer since 1958 according to place of occurrence

Year	Total Births	Sex		Born at Home			Per-centage	Born in Nurs-ing Home			Per-centage	Born in Hos-pital			Per-centage
		M	F	Live Births	Still Births			Live Births	Still Births			Live Births	Still Births		
1958 ...	1218	654	564	540	5	44.7		53	1	4.5		600	19	50.8	
1959 ...	1149	603	546	509	3	44.6		27	—	2.3		593	17	53.1	
1960 ...	1271	651	620	551	8	44.0		24	—	1.9		671	17	54.1	
1961 ...	1318	683	635	521	2	39.7		26	1	2.0		750	18	58.3	
1962 ...	1288	660	628	472	3	36.9		10	—	0.8		778	25	62.3	
1963 ...	1303	658	645	441	3	34.1		4	—	0.3		823	32	65.6	
1964 ...	1432	756	676	469	3	33.0		—	—	—		937	23	67.0	
1965 ...	1457	769	688	430	3	29.7		—	—	—		1007	17	70.3	
1966 ...	1475	733	742	400	3	27.3		—	—	—		1057	15	72.7	
1967 ...	1387	716	671	318	2	23.1		—	—	—		1055	12	76.9	

The total of 1,387 births shown for the year 1967 in the above table is 13 less than the combined live and stillbirths shown in Table II, which has been adjusted by the Registrar General for inward and outward transfers. Domiciliary births decreased by 83 and hospital births decreased by 5. No births took place in Nursing Homes. During the year twin births occurred in 15 cases.

Notification of Congenital Defects.

These are made on the birth notification card and checked by the Non-medical Supervisor of Midwives. A medical officer determines the classification, and discusses the diagnosis with the family doctor in any case of doubt. During 1967, 42 notifications had been reported to the Ministry of Health compared with 40 in 1966.

Ante-Natal and Post-Natal Clinics.

All ante-natal and post-natal clinics on the Island are now held by general practitioners, either in their surgeries or at County Council premises and are attended by the domiciliary midwives.

Premature Births.

During 1967, there were 69 live births and 7 stillbirths of babies weighing 5½ lbs. or under.

Sixty-four of the premature live births occurred in hospital, and of these, 1 died within 24 hours of birth and 59 survived 28 days.

Five premature live births occurred at home and, of these, 4 survived 28 days.

Of the 7 premature stillbirths, 6 occurred in hospital and 1 at home.

Table VI. Fate of 69 Premature Children by weight groups

Weight at Birth		Total	Deaths
3 lb. 4 oz. or less	...	5	2
Under 4 lb. 6 oz.	...	14	2
Under 4 lb. 15 oz.	...	11	2
Under 5 lb. 8 oz.	...	39	—

DENTAL TREATMENT.

By Mr. G. Simons (Senior County Dental Officer).

Mr. G. Simons submits the following report on dental treatment provided to priority classes of patients under Section 22(1) of the National Health Service Act, 1946.

"As much of the work formerly done at County Council Infant Welfare Clinics is now taken over by the general medical practitioners it is inevitable that there is a declining number of attendances at these centres. However, the dental officers continue to attend, at regular intervals, at the larger clinics to carry out dental inspections, give advice and make provision for any treatment which is needed.

The demand for our services remains at about the same level, patients being referred by Health Visitors and by direct application to the various dental clinics in addition to those seen at Infant Welfare Clinics. Much of our work is directed towards dental health education, particularly with regard to impressing on mothers the necessity for correct dietary habits for their children. So often a taste for dentally harmful sugar confectionery is acquired at a very early age, a taste which frequently becomes an addiction by the time school age is reached."

Dental Care of Expectant and Nursing Mothers and Children under School Age, 1967

- (a) Number of Officers employed at end of year on a salary in terms of whole-time officers to the maternity and child welfare service :
- | | | | | | | |
|----------------------------|-----|-----|-----|-----|-----|-----|
| (1) Senior Dental Officers | ... | ... | ... | ... | ... | 0.1 |
| (2) Dental Officers | ... | ... | ... | ... | ... | 0.1 |
- (b) Number of Officers employed at the end of year on sessional basis in terms of whole-time officers to the maternity and child welfare service ... Nil
- (c) Number of Dental Clinics in operation at end of year ... 5
- (d) Total number of sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients during the year ... 70.5
- (e) Number of Dental Technicians employed ... Nil

Table VII. Numbers provided with Dental Care and forms of Dental Treatment provided

	Exam- ined	No. of persons who com- menced treat- ment during the year	No. of courses of treat- ment com- pleted during the year	Scal- ings and gum treat- ment	Fill- ings	Crowns or Inlays	Extrac- tions	Gen- eral Anaes- thetics	Dentures provided	
									Com- plete	Partial
Expectant and Nursing Mothers	105	57	55	46	101	1	25	—	8	2
Children under 5	385	117	86	15	86	—	45	2	—	—

FLUORIDATION OF WATER SUPPLIES (NATIONAL HEALTH SERVICE ACT, 1946, SECTION 28).

The principle of the addition of fluoride to the Island's water supplies was approved by the County Council at their meeting in March 1963 and their decision conveyed to the then Isle of Wight Water Board (now the Isle of Wight River and Water Authority).

INFANT WELFARE CENTRES.

Clinic sessions continued to be held weekly, fortnightly or monthly in centres throughout the Island. Due mainly to small attendances, sessions at Carisbrooke, Seaview and Wootton were suspended, and at the end of the year twenty Centres were in operation.

The number of children who attended the centres during the year was 2,449, a decrease of 10 on the 1966 figure.

The total number of attendances at Infant Welfare Centres during the year was 15,248, being 2,178 less than in 1966 and 3,216 less than 1965.

DISTRIBUTION OF WELFARE FOODS.

Twenty-nine Centres on the Island distributed welfare foods to expectant and nursing mothers and children under five years of age.

A summary of sales for the years 1958-1967 is shown in Table VIII.

Table VIII

<i>Year</i>	<i>National Dried Milk (tins)</i>	<i>Cod Liver Oil (bottles)</i>	<i>Vitamin A and D Tablets (packets)</i>	<i>Orange Juice (bottles)</i>
1958	25793	4661	3853	39452
1959	24997	4101	3912	36437
1960	23925	4347	3956	35919
1961	23663	3187	3242	23979
1962	23291	1381	1935	14964
1963	21594	1403	1701	15753
1964	22522	1293	1367	15854
1965	25633	1428	1169	19169
1966	22109	1253	1315	18952
1967	16189	1336	1297	18786

Increased sales of a proprietary brand of dried milk at the St. Mary's Hospital Centre accounted principally for the fall in demand for National Dried Milk.

SECTION 23—MIDWIFERY.

Miss M. G. Morris, Non-Medical Supervisor of Midwives, submits the following report :—

"There has been no change in Maternity Care during the year.

The early transfer of Midwifery Cases from Hospital has continued ; there appears to be no adverse effect on mother or baby.

In assessing cases suitable for Early Transfer the Midwife considers the social conditions of the home, and that adequate domestic help is available. Heating arrange-

ments must also be assured for the baby's room. Midwives in Ryde and Newport have valued their night calls being taken by the operator in the Fire and Ambulance Headquarters. This has been in operation since 1966.

Thirteen Entonox analgesic machines were supplied in 1967. Each Midwife has one of these machines."

Refresher Courses. (Rule G—Central Midwives Board).

Six Midwives attended Refresher Courses organised by the Royal College of Midwives in 1967.

Domiciliary Midwifery Training.

Teaching Midwives recognised by the C.M.B. are—Miss Q. Nobbs, Miss B. Waller, Miss M. Treacy, Mrs. K. Harrington and Mrs. B. Gray who succeeded Miss Raeburn.

The number of pupils who successfully completed their training was twelve.

Obstetric Student Nurses at St. Mary's Hospital have also spent a day with the District Midwife.

Supervision of Midwives.

Supervisory visits to Midwives	...	...	...	...	...	49
Supervisory visits to Pupils	...	...	...	...	...	26
Number of domiciliary confinements	...	...	...	...	...	320
Number of ante-natal visits—Home	...	...	...	...	...	4587
Number of ante-natal visits—Hospital	...	...	...	...	...	3538
Number of post natal visits	...	...	...	...	...	10886
Number of cases discharged from Hospital before tenth day	...	...	...	...	...	774

Midwives Practising in the area.

At the end of 1967, 43 Midwives were practising in the area. Of these, 24 were domiciliary midwives employed by the Local Health Authority, and 19 were employed by the Hospital Management Committee.

Deliveries attended by Midwives, 1967.

During 1967, 320 domiciliary confinements were attended by County Council Midwives, and 1052 confinements were attended by Hospital Midwives at St. Mary's Hospital."

SECTION 24—HEALTH VISITING.

Progress has been made during the year to provide a more comprehensive service to the public and a more effective working environment for the Health Visitor.

The Pilot Scheme for the attachment of one Health Visitor to a Group Medical Practice in Newport has been in operation since 1965, and in March this year further arrangements for liaison and attachment have been effected in seven further medical practices. The Health Visitors have accepted these changes in working conditions well, and the redistribution of family records under the present registration with family doctors has been carried out. This has resulted in a more fully integrated service in which the general practitioners have been able to refer families with problems to the Health Visitor without delay and the Health Visitor has been better informed of the patient's medical condition and can, therefore, give more effective help.

This method of working also creates a situation in which the Health Visitor continues to be in touch with the family needing support during school days and adolescence and does not lose sight of the family at school entrance.

It is becoming increasingly obvious that a great number of cases seen in the general practitioner's surgery are suffering with stress diseases symptomatic of emotional disorder. The emotionally unstable patient inevitably has a detrimental effect on other members of the family group and the children are at great risk. The early signs of family stress can be detected by the Health Visitor, who is the family visitor for all families included in the Practice, and is in a strong position to assist by giving understanding support and, in consultation with the family doctor, bringing in other Services if necessary. When considering the cost to the country due to emotional illness and stress diseases with absenteeism, hospitalisation, etc., recognition must be given to the importance of preventive work in this field.

The Health Visitor is dealing with normal families as well as those at risk and is well orientated to give health education in schools, clinics and surgeries, and particularly in mothercraft classes where the development of the personality and personal relationships within the family can be discussed and assistance given to young parents in bringing up happy and well adjusted children.

Liaison with other Social Workers.

The Health Visitor brings to the notice of the family doctor conditions in which the services administered by the Local Authority may be needed as in congenital defects causing retardation or physical handicap. This is necessary when special educational facilities will be needed. Periodic discussions are arranged by the Health Visitors at their Clinics, which include children's officers, district nurses, welfare officers, medical social workers from hospitals, moral welfare workers and voluntary bodies, when matters concerning community health and families with special problems are discussed to ensure the integration of the services.

Liaison with Hospitals.

The Health Visitors are well received in the hospitals and are given information regarding patients needing rehabilitation and after-care. Each week the Deputy County Nursing Officer visits the Children's Ward at the Royal Isle of Wight County Hospital and information concerning all children receiving hospital treatment is relayed to the appropriate Health Visitor. At the same time information from the medical social worker in hospital is given concerning elderly people to be discharged from hospital needing after-care and rehabilitation. This information is helpful in directing the Health Visitor's work in the prevention of deterioration in health, and is invaluable in making available the counselling of the Health Visitors to mothers whose children have needed hospitalisation.

Work of the Group Adviser to Health Visitors.

Miss M. M. Lovell, S.R.N., S.C.M., H.V., Specialist Health Visitor, has frequent consultations with all Social Workers and Health Visitors on families needing specialised help and continuous support.

Conferences are held both formally and informally with appropriate members of the welfare and social services so that the essential services are given without overlapping. There is now closer co-operation between Health Visitors and other social workers which is of great benefit in dealing with many problems of stress in family life.

The relationship with general practitioners has been strengthened through the attachment of Health Visitors so that a full understanding of the medical and social needs of families with special problems is attained and treatment made available.

Miss Lovell also assists the Consultant Venereologist at the Special Clinic at St. Mary's Hospital and carries out contact tracing, home visiting and giving social advice to patients and their relatives.

At the beginning of 1967 in order to bring to the notice of various firms employing female labour the facts relating to socially transmitted diseases, and the facilities available for treating these complaints, personnel managers in industrial concerns, managers of holiday camps and others were visited, and most agreed to exhibit notices.

Prevention of break-up of families.

Miss M. Lovell reports, in reviewing the year's work with families with special problems, that the trend for couples to marry at an early age without sufficient thought for the future or preparation, is the main cause for family stress. This sometimes leads to separation and divorce with the consequent conditions of instability affecting the young children of the marriage.

With the co-operation of developing social services and more enlightened legislation, it is possible in some cases to improve standards. The practical help given by voluntary services has been of special assistance during this year.

The cause of problems which may lead to family break-up stems from the unstable background of the parents during their own childhood and may result in the complete lack of organisation in family life. Hours of work, leisure, and sleep are uncertain and irregular. The family income is squandered on immediate extravagant spending instead of being budgeted to meet essential needs. The accumulation of debt leads to depression and apathy.

When families in difficulties become known to a health visitor at an early stage, short term help may be sufficient to assist the family through a crisis, and more families are turning to the social services for assistance in times of difficulty. Help in these cases is often effective and is particularly needed when young families have moved away from relatives who previously assisted. In these circumstances the young mother can become lonely and apathetic and needs to be encouraged to seek care for herself and her children. In some cases the mother's health is affected owing to frequent pregnancies, shortage of housekeeping money, which may vary from week to week, bad housing conditions and domestic difficulties, and the health of the family may be further reduced.

The following is an example of the kind of help which may be needed by families under stress :

Father—19 years of age, mother—18 years of age, married with one son, with congenital deformities, born before marriage.

The baby appeared plump physically, but was slow to progress owing to his spastic condition for which it was necessary for him to attend hospital twice a week for treatment.

There were many domestic quarrels between husband and wife and matters were made very much worse by the couple being involved in a car accident in which the mother sustained considerable shock, laceration and bruising. The shock has resulted in the mother being nervous of travelling by car or on buses. This has caused difficulty in taking the child to hospital for treatment, which was essential for him, and was an additional cause of stress.

After many quarrels between husband and wife the mother eventually left her husband and consulted a solicitor regarding the provision of maintenance for herself and the custody of the child. Housing difficulties were sorted out with the help of the health visitor, and voluntary helpers gave invaluable help in escorting the baby to hospital for treatment, as the mother was too nervous to travel with him.

After a few months the mother was offered a ground floor flat by the Housing Authority and has been given help by the Ministry of Social Security for furniture removal. The Court at this time decided that the mother deserted her husband and, therefore, made no allowance for the mother, but did make an order for the maintenance of the baby. The Health Visitor continued to pay supportive visits to the mother who began to make friends with her neighbours. At this time too the father began to take an interest in the new home assisting with furnishing and painting and visiting about twice a week. He has now returned to his family and is sharing the responsibility for the invalid son with his wife.

SECTION 25—HOME NURSING.

Three important factors contributing to the Home Nursing Service are concerned with :

- (1) Health maintenance (physical and mental) in which the fundamentals of healthy living are understood and taught. This is particularly necessary when applying the principles of hygiene and good nutrition for the elderly, also preventive measures for those in conditions of increased risk.
- (2) The ability to concentrate professional nursing skills and care to those patients whose health problems are acute.
- (3) Rehabilitation in which disability is minimised and unnecessary deterioration in health is prevented.

The classification of patients referred to the District Nursing Sisters and male nurses is as follows :—

- (a) General nursing care which includes prevention of deterioration due to incontinence : rehabilitation to increase mobility and nutrition—940.
- (b) General nursing care and other treatment—390.
- (c) Chemotherapy (mainly by intramuscular injection)—464.
- (d) Dressings—355.
- (e) Bladder washouts and other nursing techniques—263.
- (f) Visits of supervision and advice—165.

From this analysis it can be seen that although a skilled and experienced nurse is needed to detect symptoms of deterioration much routine work could be undertaken by a State Enrolled Nurse.

Thirty-five members of the nursing staff, fourteen of whom have District Nurse Training, are engaged in general nursing duties, twenty-two of whom also have responsibility for midwifery, two male nurses are employed who are able to give specialised help to male patients.

A closer liaison with General Medical Practice is desirable to enable the nurse to make better use of her professional skills. This can be brought about with the creation of a team based on general practice in which the State Enrolled Nurse can be included to carry out routine baths, attention to varicose veins, and foot hygiene. This would give the qualified District Nursing Sister greater responsibility in her area and also would allow her to make more use of her nursing training and technical skills. The inclusion of two male nurses with District Nurse Training has brought improved technical help to many male patients.

CONFERENCES AND COURSES ATTENDED BY NURSING STAFF, 1967.

MISS GIBBONS: One-day Conference, London, 28th June, 1967. "The future role of the Principal Nursing Officer." Organised by King Edward's Hospital Fund for London.

MISS MORRIS: Royal College of Midwives—Symposium—"Preparation for parenthood." 3rd March, 1967, London.

MIDWIVES: Miss Bunce, Mrs. Newman, Miss Coleman, Miss Waller, Miss Howard. Royal College of Midwives, Refresher Courses.

DISTRICT NURSES: Nil.

HEALTH VISITORS: Mrs. Townsend. Institute of Family Psychiatry Annual Refresher Course. Ipswich, 20th to 24th November, 1967.

SECTION 26—VACCINATION AND IMMUNISATION

Vaccination of Persons under Age 16 completed during 1967.

Tables IX and X cover persons under age 16 vaccinated against diphtheria, whooping cough, tetanus, and poliomyelitis. Figures for vaccination against smallpox are shown in Table XI.

In Tables IX and X lines 1—9 are intended to show the number of children vaccinated with different kinds of vaccine. Lines 10—13 show the number of children who have been vaccinated against each disease.

Table IX. Completed Primary Courses.

<i>Type of vaccine or dose</i>	<i>Year of Birth</i>					<i>Others under age 16</i>	<i>Total</i>
	1967	1966	1965	1964	1960—63		
1. Quadruple DTPP ...	—	—	—	—	—	—	—
2. Triple DTP ...	628	549	29	11	19	—	1236
3. Diphtheria/Pertussis ...	—	—	—	—	—	—	—
4. Diphtheria/Tetanus ...	—	—	—	—	1	2	3
5. Diphtheria ...	—	—	—	—	—	—	—
6. Pertussis ...	—	—	—	—	—	—	—
7. Tetanus ...	—	—	—	—	—	9	9
8. Poliomyelitis: Salk ...	—	—	—	—	—	—	—
9. Poliomyelitis: Sabin ...	561	707	82	25	43	18	1436
10. Total: Diphtheria ...	628	549	29	11	20	2	1239
11. Total: Whooping Cough ...	628	549	29	11	19	—	1236
12. Total: Tetanus ...	628	549	29	11	20	11	1248
13. Total: Poliomyelitis ...	561	707	82	25	43	18	1436

Table X. Reinforcing Doses.

<i>Type of vaccine or dose</i>	1967	1966	1965	1964	1960—63	<i>Others Under 16</i>	<i>Total</i>
1. Quadruple DTPP ...	—	—	—	—	—	—	—
2. Triple DTP ...	—	388	557	78	348	172	1543
3. Diphtheria/Pertussis ...	—	—	—	—	—	—	—
4. Diphtheria/Tetanus ...	—	1	8	6	513	534	1062
5. Diphtheria ...	—	—	1	—	9	27	37
6. Pertussis ...	—	—	—	—	—	—	—
7. Tetanus ...	—	—	—	—	6	107	113
8. Poliomyelitis: Salk ...	—	—	—	—	—	—	—
9. Poliomyelitis: Sabin ...	—	93	105	17	768	200	1183
10. Total: Diphtheria ...	—	389	566	84	870	733	2642
11. Total: Whooping Cough ...	—	388	557	78	348	172	1543
12. Total: Tetanus ...	—	389	565	84	867	813	2718
13. Total: Poliomyelitis ...	—	93	105	17	768	200	1183

Vaccination against Smallpox.

The following table shows the successful vaccinations carried out during the year.

Table XI

<i>Age at Date of Vaccination</i>	<i>Under 1</i>	<i>1</i>	<i>2 to 4</i>	<i>5 to 15</i>	<i>Total</i>
Number vaccinated ...	106	576	208	50	940
Number re-vaccinated ...	—	—	2	81	83

SECTION 27—AMBULANCE AND HOSPITAL CAR SERVICE.

Table XII. Ambulance and Hospital Car Statistics, 1967-68.

	<i>No. of vehicles at 31-3-68</i>	<i>No. of patients carried</i>	<i>No. of journeys</i>	<i>Total mileage</i>	<i>No. of journeys to main- land by Island ambul- ances</i>	<i>No. of journeys arranged through other author- ities</i>
Directly provided service (Ambulance)	8*	12395	4934	119234	112	159
Agency Service (Ambul- ance)	1	625	454	18634	55	—
Supplementary Services (Hospital cars)	32	73678	18806	341210	—	169
Supplementary Services (Hired cars)	—	47	47	627	—	—

*Including 1 "sitting case" vehicle.

Table XIII. Usage of Ambulances and Hospital Cars since 1961.

<i>Year ending</i>	<i>Mileage</i>			<i>Patients conveyed</i>			<i>Number of patients carried per 1000 popula- tion</i>
	<i>Ambu- lances</i>	<i>Hospital Cars</i>	<i>Hired Cars</i>	<i>Ambu- lances</i>	<i>Hospital Cars</i>	<i>Hired Cars</i>	
March 1961	93671	233681	881	8494	48582	57	614
1962	102318	235937	600	8893	55368	39	696
1963	108064	223908	1188	9370	49952	75	637
1964	111305	260032	1009	9600	64724	62	794
1965	116475	289521	1928	11073	75962	102	914
1966	120487	287015	1404	10529	74440	85	883
1967	129068	309900	3116	11317	70029	178	840
1968	137868	341210	627	13020	73678	47	884

Table XII shows the use made of ambulances and hospital cars during the financial year 1967-1968 and Table XIII shows details of mileages and patients conveyed by this service since 1960-61.

Once again I am grateful to the Chief Fire Officer, Mr. R. J. Rooke, for the operational control of the Ambulance Service, and to Mrs. N. Freeman, M.B.E., County Organiser of the Women's Royal Voluntary Service, and Mrs. M. McKinley, Hospital Car Organiser for administering the Hospital Car Service on behalf of the County Council until 31st March, 1967.

On 1st April, 1967 the administration of the Hospital Car Service became the responsibility of the Health and Welfare Department.

Members of the British Red Cross Society have continued to give invaluable help in providing escorts for mainland journeys, often at very short notice, and this example of willing voluntary service is much appreciated.

**SECTION 28—PREVENTION OF ILLNESS: CARE AND
AFTER CARE.**

Table XIV. B.C.G. 13 year age group (includes independent schools from 1958)

	<i>Number Tested</i>	<i>Absent for Reading</i>	<i>Number found with</i>		<i>Percentage Positive</i>
			<i>Negative Reaction</i>	<i>Positive Reaction</i>	
1955	976	38	546	392	41.8
1956	773	17	459	297	38.4
1957	816	34	444	338	41.4
1958	899	21	650	228	25.4
1959	896	1	747	148	16.5
1960	1183	20	987	176	14.9
1961	1340	8	1108	224	16.7
1962	989	2	789	198	20.0
1963	953	2	812	139	14.6
1964	936	7	820	109	11.6
1965	1021	—	910	93	9.1
1966	935	3	815	83	8.9
1967	1062	—	914	109	10.3

Table XV. Tuberculosis Register 1967

<i>Number of Patients</i>	<i>Pulmonary</i>		<i>Non-Pulmonary</i>		<i>Total</i>		<i>Grand Total</i>
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	
Cases on Register at the end of 1966	270	190	68	78	338	268	606
<i>Cases added to Register :</i>							
Fresh cases arising on the Island	4	1	1	1	5	2	7
Cases removed from other areas	4	—	1	—	5	—	5
Total cases added to register during year	8	1	2	1	10	2	12
<i>Cases removed from Register :</i>							
Cases removed to other areas	7	—	—	—	7	—	7
Recovered	5	1	—	—	5	1	6
Died during 1967	1	2	—	1	1	3	4
Died from other causes ...	—	—	—	—	—	—	—
Total removals during year ...	13	3	—	1	13	4	17
Cases on Register at the end of 1967	265	188	70	78	335	266	601

Table XVI. Analysis of new Island cases notified, and deaths from Tuberculosis, 1967

Age Periods	New Cases				Deaths			
	Respiratory System		Other Forms		Respiratory System		Other Forms	
	M	F	M	F	M	F	M	F
Under 15 years of age ...	—	—	—	—	—	—	—	—
15 and under 20 years ...	—	—	—	—	—	—	—	—
20 and under 25 years ...	—	—	—	—	—	—	—	—
25 and under 35 years ...	1	—	—	—	—	—	—	—
35 and under 45 years ...	1	—	—	—	—	—	—	—
45 and under 55 years ...	—	1	—	1	—	1	—	1
55 and under 65 years ...	—	—	1	—	—	—	—	—
65 and under 75 years ...	2	—	—	—	1	1	—	—
75 years of age and over	—	—	—	—	—	—	—	—
Totals ...	4	1	1	1	1	2	—	1

Venereal Disease.

During 1967 the following numbers of new cases were dealt with at the Special Treatment Centre :—

Syphilis	...	...	...	13
Gonorrhoea	...	...	...	13
Other conditions	...	...	...	77

Health Education.

During the year the following subjects were given publicity in Local Authority Clinics simultaneously.

January and February.

“A special message for the very young mother” to give guidance to inexperienced mothers in adjusting to their child’s needs.

March.

“The prevention of accidents on the roads and railways.”

April and May.

“Cancer education” during which the film strip “Self examination” was made available and was much appreciated.

June.

“Dental health.” The Dental Assistant co-operated with the Health Visitors in giving talks to groups of mothers.

July and August.

“Food hygiene.” Hygiene with regard to food storage and personal hygiene.

September and October.

“Prevention of accidents in the home” particularly with regard to oil heaters.

November and December.

“Protection against Hypothermia” for the elderly and in infancy.

Talks given in Local Authority Clinics by Health Visitors—154.

Talks given in Schools by Health Visitors—36.

Talks given to other organisations (including British Red Cross Society, Rangers, Mothers’ Union, Townswomen’s Guild, etc.)—43.

A request was received from the Isle of Wight Technical College for a Health Visitor to give a series of talks to the senior students on Personal Relationships. Mrs. M. Townsend undertook this series which was well received by both staff and students.

Chiropody.

This continued to be available to residents of the Council’s homes for old people, and for the elderly housebound through the Old People’s Welfare Association, to whom, with the chiropodists, thanks are due.

Incontinence Pads.

In accordance with Circular 14/63 Incontinence Pads continue to be provided on request from General Practitioners and from District Nurses.

Precautions regarding the means of disposal of soiled pads have been safeguarded by advising that patients in need of this assistance should be attended by the District Nurse who has responsibility for the satisfactory means of disposal.

Population Screening for Cancer of the Cervix.

In conjunction with the Island Campaign for the Prevention of Cancer in Women, clinic sessions commenced at County Hall in October 1966.

Three thousand, six hundred and seventy-five women wished to be seen at the Clinic. During the period January to October 1967 the number of smears taken was as follows :—

At Clinic Sessions	...	...	...	...	891
By General Practitioners	...	...	...	...	1208
By Local Hospital Authority	...	...	...	...	724
By Family Planning Association	...	...	...	...	138
Others	...	...	...	...	65
					<hr/>
					3026
					<hr/>

and the response to Clinic appointments was as under :—

Number of notices sent	...	...	...	...	1424
Actual attendances	...	...	...	...	819
Appointment changed or reason given for failure to attend	...	...	...	...	463
Defaulters	...	...	...	...	142

From October 1966 to December 1967 twenty-eight sessions were held and a total of 1,056 women received a smear test. In addition, 11,025 women preferred to be seen by their General Practitioners, and appointments with family doctors and at the Clinic are being arranged according to the rate at which slides can be accepted by the Pathology Laboratory, with initial priority being given to the 35 to 45 year age group.

All suspicious results have been referred back to family doctors for further investigation and treatment. It is important to realise that any woman of any age with symptoms can, of course, be referred through her family doctor in the usual way and does not need to await an appointment within her age group for a smear to be taken.

During the period January to October 1967, 45 of the 47 Island family doctors dealt with smears.

My thanks are due to Dr. D. Edwards, Chairman, Mrs. A. B. Oliveira, Secretary and all members of the Island Campaign, whose hard work and enthusiasm have made this service possible.

NATIONAL HEALTH SERVICE (FAMILY PLANNING) ACT 1967.

Ministry of Health Circular 15/67.

The above Act, which received the Royal Assent on 28th June, 1967, confers on local health authorities in England and Wales a general power, with the approval of the Minister of Health (and, when the Minister directs, imposes a duty on them) to make arrangements for:—

- (a) The giving of advice on contraception,
- (b) The medical examination of persons seeking such advice,
- (c) The supply (by prescription or directly) of contraceptive substances and appliances,

to the following categories of patients:—

- i. Medical cases, i.e. women to whom pregnancy would be detrimental to health ;
- ii. Non-Medical cases, i.e. the provision of advice on contraception and supplies for any persons who need them on social grounds,

whether directly or through a voluntary body.

The Health and Welfare Committee of the County Council has decided that the Family Planning Services now recognised as a local health authority responsibility would best be provided by the Wessex and Wight Branch of the Family Planning Association acting as agents of the County Council.

The Branch have informed the County Council of their willingness to continue their services and a smooth transition of responsibility will result as an excellent liaison has been established since the Association first commenced to use County Council Clinic premises in May 1952.

A report on the work of the Branch for 1967 follows :—

Family Planning Association: Wessex and Isle of Wight Branch 40.

“Some 1,400 patients attended clinics during 1967. New patients increased from last year’s figure of 220 to just over 400 and came from the following sources :

- 145 came on a friend’s recommendation ;
- 109 were referred by family doctors ;
- 91 were transferred from other Clinics ;
- 37 were referred by various sources—the Clergy, the Press or F.P.A. Headquarters, etc.
- 14 were referred by the local authority ;
- 14 were referred by local hospitals.

Intra-uterine device consultations are now given at Newport and Lake Clinics.

Sessions are held at : Newport Clinic, County Hall*—1st, 2nd, 3rd and 4th Mondays, 6 to 8.30 p.m., 2nd and 4th Tuesdays—2 to 4.30 p.m. ; Lake Health Clinic, Sandown—1st and 3rd Tuesdays—6.30 to 9 p.m.

*N.B.—After September 1968, at the new clinic, Pyle Street, Newport.

The Secretary can be contacted at the Clinics during session times or by telephone at Wootton Bridge 337.”

JOAN E. JACKSON,
Hon. Secretary.

SECTION 29—HOME HELP SERVICE.

Mrs. E. B. Thorne, Home Help Organiser, reports as follows :—

“The number of cases dealt with during the year totalled 686 compared with 638, 619 and 613 during the three previous years.

The cases can be divided into the following categories :—

	<i>Cases on books on 1-1-67</i>	<i>Cases on books on 1-1-68</i>	<i>Number of new cases dealt with during 1967</i>	<i>Total cases dealt with during 1967</i>
(1) Aged 65 or over on first visit in 1967	339	409	244	583
<i>Aged under 65 :</i>				
(2) Chronic sick and tuberculosis ...	35	37	12	47
(3) Mentally disordered	—	—	—	—
(4) Maternity	—	—	9	9
(5) Others	11	15	36	47
	<u>385</u>	<u>461</u>	<u>301 (264)</u>	<u>686 (638)</u>

N.B.—Figures in brackets refer to previous year.

The Service continues to be extensively used and, during the year 686 households were provided with Domestic Assistance.

There were 504 new applications for assistance during the year and 337 were supplied with help.

Because of the large number of applications for help, all of which must be investigated, and the area which has to be covered, very little time is spent on supervision which I feel is so important if an economical service is to be provided. The Home Helps keep me informed as much as possible and meet the many difficulties which arise in their work in a conscientious and loyal way.

At the end of the year there were 64 home helps employed—17 full-time and 47 part-time.”

Table XVII
Home Help Service—Monthly Case Load, 1967
 (Figures for 1966 in Brackets)

<i>Month</i>	<i>Number of cases served</i>	<i>Contributions required in full</i>	<i>*Part Contributions required</i>	<i>No Contribution required</i>
January ...	390 (365)	61 (43)	316 (312)	13 (10)
February ...	394 (351)	56 (38)	326 (304)	12 (9)
March ...	401 (354)	53 (43)	86 (302)	262 (9)
April ...	403 (360)	55 (48)	87 (303)	261 (9)
May ...	411 (382)	54 (54)	86 (318)	271 (10)
June ...	432 (391)	55 (55)	94 (325)	283 (11)
July ...	448 (403)	56 (59)	96 (331)	296 (13)
August ...	453 (396)	57 (57)	96 (326)	300 (13)
September ...	457 (402)	54 (60)	98 (328)	305 (14)
October ...	464 (396)	60 (59)	100 (323)	304 (14)
November ...	467 (393)	53 (63)	98 (316)	316 (14)
December ...	461 (385)	55 (60)	98 (309)	308 (16)

*As from the 6th March, 1967, the Committee agreed to provide Home Help Service free of charge to persons in receipt of a Supplementary Pension.

INFECTIOUS DISEASES.

Deaths from infectious diseases during 1967 were as follows :—

Influenza ...	Nil
Gastro enteritis and diarrhoea ...	5
Pulmonary tuberculosis ...	2
Pneumonia ...	67*
Other respiratory diseases (excluding bronchitis)	4

*This figure represents certain cases of pneumonia which are not notifiable.

Table XVIII. Notifications made to Medical Officers of Health during the year ended 31st December, 1967

	<i>Isle of Wight Rural Dist.</i>	<i>Cowes</i>	<i>New- port</i>	<i>Ryde</i>	<i>San- down Shank- lin</i>	<i>Vent- nor</i>	<i>Totals</i>
Scarlet Fever	3	—	16	—	—	3	22
Pneumonia	—	—	—	—	—	—	—
Erysipelas	2	—	—	1	—	—	3
Typhoid Fever	—	—	—	—	—	—	—
Measles	171	121	183	324	214	—	1013
Whooping Cough	57	4	1	6	7	—	75
Dysentery	2	1	1	—	—	—	4
Meningococcal Infection	—	—	—	2	—	—	2
Food Poisoning	1	—	8	10	—	—	19
Acute Encephalitis, Infective	—	—	—	—	—	—	—
Ophthalmia Neonatorum	—	—	—	—	—	—	—
Puerperal Pyrexia	1	—	—	—	—	—	1
Pulmonary Tuberculosis :							
i New Island cases	—	—	2	2	1	—	5
ii Transfers from Mainland	—	—	4	—	—	—	4
Non-Pulmonary Tuberculosis :							
i New Island cases	1	—	—	1	—	—	2
ii Transfers from Mainland	—	—	—	—	—	1	1
Totals	238	126	215	346	222	4	1151

No notifications of Diphtheria, Malaria, Smallpox or Acute Poliomyelitis and Polio Encephalitis have been received for ten clear years.

Table XIX. Notifications of certain infectious diseases received for the ten years, 1958-1967

<i>Disease</i>	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Scarlet Fever	22	52	66	43	10	41	38	30	16	22
Typhoid Fever	1	—	—	—	1	—	—	—	—	—
Paratyphoid Fever	1	2	—	—	—	—	—	—	—	—
Pneumonia	10	35	5	3	5	9	3	2	—	—
Puerperal Pyrexia	4	—	1	—	—	1	1	1	—	1
Meningococcal Infection	—	1	3	1	2	—	2	2	—	2
Acute Encephalitis : Infective	—	—	—	2	—	1	1	—	—	—
" .. Post Infective	—	—	1	—	—	—	—	—	—	—
Erysipelas	1	12	8	6	2	2	2	1	2	3
Ophthalmia Neonatorum	1	—	1	1	—	1	—	—	—	—
Measles	1498	681	53	1910	166	1395	598	1354	502	1013
Whooping Cough	109	123	35	162	9	63	47	39	31	75
Dysentery	19	51	8	2	1	2	—	199	19	4
Food Poisoning	95	51	5	52	93	3	36	25	204	19
*Tuberculosis Pulmonary	63	66	84	49	41	45	45	23	20	9
*Tuberculosis Non-Pulmonary	10	14	4	2	3	4	3	2	1	3
Totals	1834	1088	274	2233	333	1567	776	1678	795	1151

*Includes transfers from mainland areas.

REGISTRATION OF NURSING HOMES.

The Conduct of Nursing Homes Regulations, 1963.

During 1967 there were no changes in the register of Nursing Homes. Of the four Homes registered, three are for medical cases only and one for convalescent cases only.

Visits of inspection to all registered homes were made by the County Nursing Officer during the year.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

Eleven new applications for registration of premises were received during 1967 and certificates of registration were issued in each instance. No registrations were cancelled during the year and sixteen nurseries were on the register at 31st December, 1967.

Quarterly visits of inspection to all registered premises were made by the County Nursing Officer during the year.

FOOD AND DRUGS ACT, 1955: SECTION 31

Milk.

Samples of milk were taken from Island herds during the year by the staff of the Weights and Measures Department of the Council. These samples were examined at the Public Health Laboratory, Portsmouth, and I am grateful to Mr. G. Holden, Chief Inspector of Weights and Measures for the following information :—

Table XX. Number of samples collected and results of examination

<i>Class of Milk</i>	<i>No. of Samples Tested</i>	<i>Appropriate Tests</i>	<i>Number of Samples</i>		
			<i>Passed</i>	<i>Failed</i>	<i>Void</i>
Pasteurised	54	Phosphatase ... Methylene Blue	54 49	-- —	— 5
Untreated	190	Methylene Blue	166	8	16
Untreated	391	T.B. Biological ... Brucellosis ...	390 388	— 2	1 1

Brucella Abortus.

Positive brucella results are communicated to the two District Medical Officers of Health and the Divisional Veterinary Officer of the Ministry of Agriculture is also informed.

MEDICAL EXAMINATIONS.

Examinations carried out by the Medical Staff during the year can be summarised as follows :—

(1) Children in Care

Boarded-Out Children

These children are examined six-monthly until two years of age and then annually, being seen whenever possible in the foster homes.

Children in Council Homes

These children are seen on admission by Local Medical Practitioners and then annually by the Council's Medical Officers.

(2) Local Authority Staff

Superannuation medical examinations									
Number examined	...	...	...	...	...	...	...	...	122
Accepted	...	...	...	...	...	...	...	...	121
Failed	...	...	...	...	...	...	...	...	Nil
Under review	...	...	...	...	...	...	...	...	1

(3) Medical Examination of Teachers

Entrants to Training Colleges	...	...	...	...	...	...	...	...	61
Entrants to employment as teachers by Isle of Wight Education Committee	...	...	...	...	...	...	...	...	16
									77
									—

VOLUNTARY AND OTHER ORGANISATIONS.

British Red Cross Society.

During the past year the Voluntary Aid Detachments have continued to assist the County Council in many ways which have included :—

- (a) Escorting numerous sick, elderly or disabled persons to all parts of the country by train, car or ambulance.
- (b) Providing regular attendance at County Council Infant Welfare, Orthopaedic, Pre and Post Natal and Remedial Exercise Clinics, and School Medical and Dental Inspections.
- (c) Visiting and assisting in the homes of elderly and sick people at the request of the County Nursing Superintendent and District Nurses.
- (d) Supplying aids for the disabled, often at the request of Health Visitors and District Nurses.
- (e) Running Medical Loan Depots at Arreton, Cowes, East Cowes, Godshill, Newport, Niton, Ryde, Shanklin, Totland Bay and Ventnor. During 1967, 812 articles were loaned.

The six clubs for the disabled in Newport, Ryde (2), East Cowes, Totland Bay and Lake continue to flourish with increased membership. A wide variety of crafts is taught and the standard of workmanship steadily improves. A new Art Class has been started under the guidance of Mrs. Townsend every Thursday morning in the Newport Club which is proving popular. "Open Days" have been held by all Clubs at which

articles have been sold and orders taken. These events have aroused much interest among the general public. During the year numerous parties and outings have been arranged by Club Leaders and volunteers also provide regular transport for the disabled to and from the Clubs.

CONSTANCE M. QUINTON,
County Director.

St. John Ambulance Brigade.

The St. John Ambulance Brigade in the Isle of Wight provides first aid cover at public functions in all parts of the Island, the staffing of beach first aid posts during the summer months, the loaning of medical requisites to patients, and the organising of training courses in first aid, nursing and allied subjects, for the general public and for members of other organisations as well as for maintaining the high standard of efficiency expected of Brigade members.

Brigade members individually assist the community in many directions—as nursing auxiliaries in hospitals, in nursing in the home, in rendering first aid to casualties in accidents and in moving infirm patients from room-to-room or up and down stairs within their own homes.

There is a minibus at Ventnor for the conveyance of elderly people on visits to their relatives in the various Island Hospitals.

F. R. B. H. KENNEDY, M.B.E., Kt.St.J., L.R.C.S., L.R.C.P.,
L.R.F.P. & S., J.P., *County Commissioner.*

Isle of Wight Marriage Guidance Council.

The Isle of Wight Marriage Guidance Council is an entirely voluntary organisation. It consists of a Council to which anyone may belong who is prepared to pay a small annual subscription. These help make possible the day-to-day running of the Island body which is controlled by a Committee who meet once a month. The work falls into two parts:—

Counselling—which is completely confidential and which is concerned with married people. In 1967 Counsellors had 32 new cases involving 155 interviews and concerning 52 children under 16 years of age.

Educational—which consists of courses and discussion groups for pre-marriage couples and Youth Clubs. This year there have again been series of sixth form discussion classes in several Island Schools and the Borstal Institution at Portsmouth. Talks have also been given to various Island Clubs.

All workers are trained under the National Association and give their services free. Any enquiries should be made to the Hon. Secretary, Mrs. A. I. Glenny, Shore Mead, Fishbourne. Telephone Wootton Bridge 247.

Catholic Marriage Advisory Council.

The Catholic Marriage Advisory Council Centre is at 61 Crocker Street, Newport. An interview with counsellors, priests, doctors and lawyers may be secured by writing to the Hon. Secretary at 46 Castle Road, Newport, or by telephone, Newport 3588.

Apart from its work of reconciliation, the Catholic Marriage Advisory Council organises series of talks for engaged and newly married couples which cover all aspects of married life.

The Council also arrange series of talks to parents which emphasise the duty and privilege of parents to give their children right and Christian ideas of sex.

The Samaritans.

The Island Branch of the Samaritans ceased to function on 26th March, 1967, as the number of volunteers was too small to enable them to give the service expected of a Samaritan Branch. Island residents may, however, still make use of the Portsmouth Branch whose telephone number is Portsmouth 23432.

Reports on the work of the **Isle of Wight Old Peoples' Welfare Association** and the **Women's Royal Voluntary Service** are included in the sections dealing with Welfare.

MENTAL HEALTH SERVICES.

Account of work undertaken in the community.

(i) *Investigation with a view to admission to psychiatric hospital.*

The Mental Welfare Officers who carry out the statutory requirements of the Mental Health Act, 1959, dealt with 144 patients suffering from mental illness in 1967. The numbers dealt with in the preceding eight years are shown in the following table (prior to the coming into force of the Mental Health Act in November 1960, these figures relate to action taken under the Lunacy and Mental Treatment Acts, 1890-1930) :—

Table XXI

Year	...	...	1959	1960	1961	1962	1963	1964	1965	1966	1967
Cases	...	...	117	117	133	126	128	143	123	121	144

Of the 144 patients referred to, 5 were found not to be in need of hospital care and were given such advice and assistance as was necessary. The remaining 139 patients were admitted to hospital as indicated :—

Informal admission	...	...	...	...	...	...	...	...	...	29
Section 25 of the Mental Health Act (admission for 28 days' observation)	...	...	...	...	...	...	...	...	...	27*
Section 26 of the Mental Health Act (admission for treatment)										7
Section 29 of the Mental Health Act (emergency admission for 3 days' observation)	...	...	...	...	...	...	...	...	...	76†

*Twenty of these patients subsequently became informal patients, three were dealt with under Section 26 of the Act, and four were discharged at the expiration of the period of observation.

†Twenty-one of these patients became informal patients at the expiration of the three days' observation, four were dealt with under Section 26 of the Act, six were discharged, two died before the end of the period of observation and forty-three were dealt with under Section 25 of the Act. Of these forty-three, twenty-four later became informal patients, six were dealt with under Section 26, ten were discharged at the end of the extended period of observation and three died before the expiration of that period.

(ii) *After-care of persons discharged from psychiatric hospital.*

Twelve patients suffering from mental disorder were referred for after-care following discharge from a psychiatric hospital. Contact is maintained by the Mental Welfare Officers with such patients whilst they continue to reside in the community.

During the year one man was maintained by this Authority in a Mental Rehabilitation Hostel on the mainland where he had been admitted in 1965 following his discharge from a psychiatric hospital.

(iii) *Ascertainment of mental subnormality.*

Eighteen additional persons were referred to the Mental Welfare Service during the year of whom two were transferred from the mainland. The following tables give details regarding sources of referral and action taken.

Table XXII.

	<i>Male</i>		<i>Female</i>		<i>Total</i>		<i>Grand Total</i>
	<i>Under 16</i>	<i>Over 16</i>	<i>Under 16</i>	<i>Over 16</i>	<i>Under 16</i>	<i>Over 16</i>	
Referred by:							
General Practitioners ...	—	—	—	—	—	—	—
Local Health and Welfare Department ...	9	3	4	—	13	3	16
Other Local Authorities ...	—	—	—	2	—	2	2
Hospitals, after or during outpatient treatment ...	—	—	—	—	—	—	—
Totals ...	9	3	4	2	13	5	18

In connection with these 18 cases, action was taken as follows:—

Table XXIII.

	<i>Male</i>		<i>Female</i>		<i>Total</i>		<i>Grand Total</i>
	<i>Under 16</i>	<i>Over 16</i>	<i>Under 16</i>	<i>Over 16</i>	<i>Under 16</i>	<i>Over 16</i>	
Arrangements made for home visits ...	1	3	3	2	4	5	9
Arrangements made for home visits in addition to attendance at Training Centre...	8	—	1	—	9	—	9
Totals ...	9	3	4	2	13	5	18

(iv) *Guardianship and Supervision.*

The total number of mentally disordered persons supervised in the community by this Authority on the 31st December, 1967, was 255 and can be summarised as follows:—

Table XXIV.

			<i>Male</i>		<i>Female</i>		<i>Total</i>		<i>Grand Total</i>
			<i>Under 16</i>	<i>Over 16</i>	<i>Under 16</i>	<i>Over 16</i>	<i>Under 16</i>	<i>Over 16</i>	
Receiving Home Visits	...		20	99	15	120	35	219	254
Guardianship	...	...	—	—	—	1	—	1	1
Totals	...		20	99	15	121	35	220	255

One new patient was placed under guardianship during the year, but is accommodated at St. Mary's Hospital, Newport, until suitable employment and accommodation can be found for him in the community.

As regards the only other patient under guardianship, the Mental Welfare Officer for the district maintains regular contact and gives such assistance and advice as from time to time may prove necessary. This patient is also visited at least once a year by a Medical Officer.

The remaining 254 patients shown as receiving home visits are seen by the Mental Welfare Officers as frequently as their circumstances require.

(v) *Residential Care.*

At the end of the year this Authority was maintaining 23 mentally disordered persons in residential accommodation and these are summarised in the following table:—

Table XXV

<i>In accommodation provided by :</i>			<i>Male</i>		<i>Female</i>		<i>Total</i>		<i>Grand Total</i>
			<i>Under 16</i>	<i>Over 16</i>	<i>Under 16</i>	<i>Over 16</i>	<i>Under 16</i>	<i>Over 16</i>	
This Authority	...	...	—	5	—	2	—	7	7
Other Local Authorities	...	...	1	1	—	—	1	1	2
Other Organisations	...	...	—	11	1	2	1	13	14
Totals	...	...	1	17	1	4	2	21	23

Application was received for a change in the registration conditions of one of the Homes registered with this Authority under Section 37 of the National Assistance Act, 1948, to permit the acceptance of subnormal persons in addition to elderly persons. The application was granted and the Home in question is now authorised to accommodate 42 residents, up to half of whom may be subnormal.

In addition a scheme was approved towards the end of the year for the boarding-out of subnormal persons with suitable foster-parents. It is hoped that this scheme, when used in conjunction with attendance at Medina House School or the proposed new Adult Training Centre, will help to reduce the demand for accommodation in special Homes and residential training establishments.

(vi) *Admission of subnormal patients to hospital.*

During the year arrangements were made for the admission of nine subnormal patients (four male and five female) to psychiatric hospitals.

(vii) *Medina House School—Activities and Training.*

(a) Juniors—Under 16.

The excellent work undertaken at Medina House School has continued during the year, and all suitable children known to the Department between the ages of 5 and 16 years are in attendance unless it is obvious that in view of their limitations, they are being provided with adequate training elsewhere.

I am indebted to Mrs. C. E. Richardson, Supervisor of the School, for the following report on the activities and training provided during the year:—

“On 31st December, 1967 there were 34 children and nursery children on the register of Medina House School, 8 of whom were attending on an informal basis not yet formally ascertained Severely Subnormal.

As in the past, all usual training and activities carried out in a Junior Training Centre continue as part of the training programme. These are designed to fit the child for integration into normal society.

In the nursery class large apparatus and toys are used to improve physical tone, co-ordination, and give confidence. Social training is a very important aspect—children are expected to learn to dress and undress, use the lavatory, wash their hands and behave well at meals before they progress to the junior classes. Some nursery children have dual or multiple handicaps (physical and mental) and the staff continue to devise aids to standing, walking and using the hands. These aids are usually made by the adult males in the school workshop. In addition to the practical training, the nursery children enjoy play with sand and water pastry, sense training toys, cutting with scissors, etc. Music plays a large part in learning to co-operate with other children and selected nursery pupils join the older children in percussion band, music and movement, and singing action songs.

In order to be able to take more junior pupils a class was formed of some of the more able nursery children and younger children in the junior class. The new class was called Junior 1 and the original Junior Group was re-named Junior 2. The Junior 1 group uses the stage alcove in the main hall as a classroom and joins the nursery for such social training as use of the lavatory, washing, etc. This group also joins the nursery when older pupils use the hall for singing, dancing or games.

Nursery activities are continued in the Junior 1 class but are carried out to their fullest extent. The very early stages of “3 R” work commences in this group, i.e. Pre-reading, colour recognition, spatial concepts, cardination, etc. Great emphasis is given to the extension of the vocabulary.

Junior 2 group has now, since the younger children have been removed, been able to concentrate fully on social education, i.e. the use of money, time, and reading for those with the ability to learn. It is felt that many severely subnormal children are not able to learn to read efficiently, but

can learn to recognise at sight useful words such as Ladies, Gents, Vacant, Engaged, Danger, Poison, Bus Stop, etc., and this training is given.

Much of the training is carried on outside the school. Groups are taken on shopping expeditions and, with the co-operation of her mother, one little girl is learning to use public transport unescorted. Only short journeys have been accomplished so far.

Industrial training is being given in this group and consists of counting in dozens, sorting cards to size, stapling, and fastening with rubber bands and other similar processes which are designed to render the child's future transfer to the adult centre an easy transition.

Adults (16 years and over).

On 31st December, 1967 there were 30 seniors on the register. The woodwork section of the men's department continues to produce many useful articles of high standard. Some tubular chairs have been re-seated with oak, for a public house and it is expected that more of this work will be required.

The upkeep of the school grounds has been undertaken by the men. Four men are able to use the motor mower with confidence. The men also maintain the swimming pool—draining the water off for the winter and cleaning and re-filling for the summer season.

The women have progressed with dressmaking and handicrafts, etc. and continue with domestic training in the laundry and the care of children.

General.

Speech training continues but, due to lack of space, is now given within the groups. The success of this training is difficult to assess as the Speech Therapist was unable to carry on visiting the school to advise, due to pressure of work.

Following an advisory visit from the Remedial Gymnast a programme of exercises was followed for all children and the adult women. It is not possible to include the men due to lack of space. Foot and spine exercises are enjoyed daily and the benefit is being noticed already.

Services such as meals, milk, dental, medical and transport are available to the children at the school.

During Mental Health Week in June a Sports and Open Day was held. Silver cups were presented and the children received sweets, spoons and other prizes.

The Bonhomie Pool has been used daily, weather permitting, and five adults have learned to swim.

On July 20th the Governor of the Isle of Wight honoured the school with a visit and took tea with a number of the parents.

The junior outing took place in June. They were taken by coach to Puckpool and a glorious day was spent on the beach.

The adults planned to tour the liner Queen Mary for their outing, but unfortunately she went into dry dock and the tour was cancelled when the party was actually at Ryde Pierhead. A quick vote was taken and the party decided to travel to Portsmouth and see over H.M.S. Victory. In spite of the bad start the outing was a great success. Half the party took a boat trip round the harbour, whilst the others went on a shopping 'spree.'

The third Harvest Festival was held in October and the service was led by Mr. D. Stirman of the Unitarian Church in Newport. Gifts of produce were taken by the children to elderly and disabled people living locally. Flowers were sold and a sum of money was sent to the War on Want Fund. After the service a short musical entertainment was given by the children to an appreciative audience of parents and friends.

The Christmas parties were very successful and everyone had a most enjoyable time. The 'Incredible Christopher' entertained."

Survey of prevalence of subnormality.

Continued assistance has been given to Dr. A. Kushlick, Director in Research in Subnormality, Wessex Regional Hospital Board, in connection with this survey.

Mental Health Week, 5th-10th June, 1967.

This Authority's contribution to the activities of Mental Health Week consisted of the holding of the Open Day and Sports Day at Medina House School on the 8th June, referred to by Mrs. Richardson in the foregoing report. Arrangements were made for the showing of a film on mental handicap entitled "Simon's Friend" at the School during the morning break, and the prizes for the sports were presented during the afternoon by the Chairman of the Mental Health Sub-Committee.

Co-ordination with the Hospital Service and General Practitioners.

The close co-operation which has always existed between family doctors and the Mental Welfare Officers has been maintained during the year under review.

In addition, three members of the County Council were also members of the Isle of Wight Group Hospital Management Committee and one or more of these members were on the Whitecroft Hospital, Longford Hospital and St. Mary's Hospital House Committees. Furthermore, the County Medical Officer is a member of the Longford Hospital House Committee and attends meetings of the Whitecroft and St. Mary's House Committees by invitation for psychiatric items. Close liaison with the Hospital Authorities results from this arrangement and there is also an excellent working relationship between this Authority's Mental Welfare staff and the staff of the hospitals concerned. In the case of Whitecroft Hospital, regular meetings are held at officer level of representatives of the local authority and hospital staffs.

A joint working party between representatives of the Local Authority and the Wessex Regional Hospital Board has been set up during the year, to discuss the development of the Mental Health Services in the Isle of Wight. Meetings are held quarterly and have proved most useful in ensuring that the development of hospital and local authority services are co-ordinated.

Dr. H. M. McBryde, Medical Superintendent of Whitecroft Hospital has very kindly submitted the following comments for inclusion in my Report :—

“Whitecroft Hospital and its services in 1967.

The Psychiatric Hospital Service works in association with the Local Authority and General Practitioners. Liaison has been improved by the setting up of the Joint Working Party on Development of the Mental Health Services in the Isle of Wight.

The work of the mental hospital service in 1967 is summarised in the following figures :

Number of admissions	...	...	...	...	...	...	...	450
Number of discharges	...	...	...	...	...	...	...	409
Number of deaths	...	...	...	...	...	...	...	55
Proportion of re-admissions	...	...	...	...	...	...	...	44.82%
Proportion of admissions over 65	...	...	...	...	...	...	...	31.33%
Proportion of discharges and deaths over 65	...	...	...	...	...	...	...	30.66%
Number of out-patient newly referred patients	...	...	...	...	...	...	...	491
Number of out-patient attendances	...	...	...	...	...	...	...	2134

Comparison with last year shows an increase of work.”

NATIONAL ASSISTANCE ACT, 1948.

Administration.

The statutory functions of the County Council under the National Assistance Act, 1948, have been delegated to the Health and Welfare Committee and the County Medical Officer, who is also the County Welfare Officer, is responsible for the day to day administration. In this he is assisted by the Chief Social Welfare Officer, four Social Welfare Officers (one of whom is designated Senior Social Welfare Officer), one Relief Social Welfare Officer, one Home Teacher for the Blind, the clerical staff of the Welfare Section and the Matrons and staff of the five Old People’s Homes.

The Council’s Home Teacher for the Blind works in close co-operation with the Secretary of the Isle of Wight Society for the Blind, who are the Council’s agents for the welfare of the blind and partially sighted in the area.

The Hampshire, Isle of Wight and Channel Islands Association for the Deaf are the Council’s agents for the welfare of the deaf and hard of hearing.

The duties performed by the Welfare Officers are varied and cover a wide field. They include the admission of elderly or handicapped persons to residential accommodation where necessary, and helping persons so admitted to sort out their personal affairs. They also keep in touch with elderly and handicapped persons living in the community and give such assistance and advice as they may require from time to time.

Staff meetings are held periodically at which Welfare Officers have an opportunity of discussing any mutual problems. Good liaison is maintained between these Officers and members of the Nursing Staff by means of joint meetings held at district level.

The Welfare Officers have continued to give talks to various interested organisations, a total of 19 talks having been given during 1967. These have been most useful in stimulating interest in the Council’s Welfare Services.

During the year one Welfare Officer commenced attendance at Portsmouth College of Technology on the Two-Year Course for the National Certificate in Social Work.

Welfare services for the aged.

General Social Welfare.

The spirit of co-operation which has always existed between the Regional Hospital Board's Consultant in Geriatrics, Dr. E. F. Laidlaw, and the Officers of the Health and Welfare Department continues undiminished and the lack of administrative difficulties which results at officer level is very obviously to the advantage of the elderly people who are the concern of the officers in question. Where residents in the County Council Old People's Guest Houses need in-patient treatment, their admission to hospital is promptly arranged, and this is often facilitated by the admission to a Guest House on an "exchange" basis of a hospital patient who is ready for discharge but has no home and is in need of residential care.

The keen interest taken by local people and voluntary organisations in the residents in the Council's Guest Houses is greatly appreciated, and is an important factor in preventing loneliness and encouraging the elderly residents concerned to feel that they are still members of the community, even though they may no longer be able to take an active part in its affairs. The outings and other social functions arranged by various friends and voluntary bodies are always very much enjoyed.

Chiropody.

Regular visits are paid to each of the Council's Guest Houses by a local Chiropodist and all residents who require it are provided with chiropody free of charge.

Isle of Wight Old People's Welfare Association.

I am indebted to Miss B. Filley, Honorary Secretary of the Isle of Wight Old People's Welfare Association for the following information regarding the work of the Association during 1967 :—

"The year 1967-8 has been a rather quiet one for the Council, and the question arises whether this is due to the fact that the Council consists of representatives of Local Committees and of other voluntary and statutory bodies who are busy through their commitments to these bodies, and are not able to carry out voluntary work for the Old People's Welfare Association, though we have much to thank them for in the matter of advice, and in the case of the County Council valuable aid in many ways and in grants to help us to carry out various projects. There has been no fresh Group formed since the Association was formed in 1952.

Group Reports.

Cowes. A very active Group. The local Committee are very interested in the welfare of the older people in the area, as in most cases many helpers are already in or near the age of those they serve. All ages are energetic and help in the various projects. Difficulties and problems are solved whenever possible. The Alms Houses are kept in good order and the tenants are visited regularly, and an egg distribution is carried out. One or more coach outings are arranged each year.

East Cowes. Visiting and through this finding out the needs of the individual old person leads to the provision of much welcome help. This is a small community and most of the older people are well known to the helpers. Christmas gifts are distributed each year.

Newport. This is a very lively Group. The Chiropody Service started by Mrs. Fowler in 1952 is growing and expanding. The Hon. Treasurer was worried last year as funds were very low. However, an effort to raise money was successful and an increase

in the amount paid by the individual solved the problem. Now the Group pays half the charge and the individual the other half, with a deduction for any person who cannot afford the half fee.

Shanklin. A very active Group. Regular home visiting is carried out, and a friendly atmosphere exists between all members. The Mini-bus has proved a success and is much appreciated. A collection box is kept in the bus, and so far the money collected has covered the cost of petrol. The main use of the bus is taking Shanklin people to visit their friends and relatives in hospital and to Church on Sundays.

The holidays arranged last year at Gurnard Pines Holiday Camp were much enjoyed and plans are in hand to arrange holidays there again this year. It is hoped that the weather improves.

At the end of the year this Group started a Chiropody scheme on the basis that the pensioner pays half the charge and the Group the other half.

The Association.

The Chiropody Service outside the Groups was kept at a standard level for about six months, then with the grant of £100 from the County Council it was decided that some increase in the work could be made. There are now 27 people scattered about the Island receiving treatment. Most of these are able to pay half the cost and the Committee pay the other half.

We are grateful to the County Council for the grant to help with the much needed Service. Each Group carrying out a local service may apply for a share (£20) of this grant to help with the expenses of chiropody.

Our thanks are due to the various individuals and charities who have helped us during the year :

- Mr. Bruce Dabell and his staff for the contents of the collecting box at Blackgang Chine ;
- The Columbine Works Charities, East Cowes, for their generous cheque ;
- The County Council for providing a room for meeting, and the Welfare Department staff for their co-operation in the work and their help and advice ;
- The National Assistance Board for the co-operation of their officers.

“Meals on Wheels” Service.

This service has been found to be invaluable, particularly when provided in conjunction with the Council’s other domiciliary services, in delaying the necessity for the admission of many elderly people to residential accommodation and enabling them to live in their own homes for a much longer period than would otherwise have been possible.

The day to day administration of the scheme is carried out by the Women’s Royal Voluntary Service on behalf of the County Council. Meals are supplied twice weekly in each of the areas served, with the exception of Shanklin, where the supply is restricted to once a week on account of delivery difficulties. The average weekly number of meals supplied in each area during 1967 was as follows :—

Newport	...	...	...	...	42
Ryde	...	...	...	...	58
Shanklin	...	...	...	...	16
Cowes	...	...	...	...	35
West Wight	...	...	...	...	37
Ventnor	...	...	...	...	34
Sandown	...	...	...	...	36

The meals provided under this scheme are supplied from three sources : from the County Council Old People’s Guest Houses in Newport, Shanklin, Ventnor and Cowes, from local cafes in Sandown and the West Wight, and from the kitchen of the Women’s Royal Voluntary Service Day Centre in Ryde.

Old People's Luncheon Clubs.

The popularity of the Old People's Luncheon Clubs run by the Women's Royal Voluntary Service in Newport and Ryde remains undiminished, and during the year under review the number of meals served was as follows :—

Ryde	...	...	...	...	3,417
Newport	...	...	...	...	1,952

Ryde Day Centre.

The Day Centre run by the Women's Royal Voluntary Service in Ryde has continued during the year and is particularly beneficial to the more active elderly people living in the area.

National Assistance Act 1948—Part III.

Section 21—Residential Accommodation.

On the 31st December, 1967, the accommodation provided on the Isle of Wight directly by the County Council under Section 21 of the National Assistance Act, 1948, was as follows :—

- 1.—Polars and Blind Home, Newport—For 30 elderly and 26 elderly blind persons.
- 2.—St. Lawrence Dene, Ventnor—For 51 elderly persons.
- 3.—Osborne Cottage, East Cowes—For 38 elderly persons.
- 4.—Elmdon, Shanklin—For 28 elderly persons.
- 5.—Inver House, Bembridge—For 59 elderly persons.

Temporary Accommodation.

Temporary accommodation is made available in the County Council's Old People's Guest Houses for people who have been rendered homeless as a result of fire, flooding or other unforeseen circumstances.

Section 26.

At the end of the year the Authority also maintained 12 aged persons in accommodation provided by voluntary organisations, viz. :—

W.R.V.S. Residential Club, "The Briars," Sandown	...	...	...	...	4
Weston Manor, Totland	...	...	...	...	4
Easthill Home for the Deaf, Ryde	...	...	...	...	1
W.R.V.S. St. Cross Grange, Winchester	...	...	...	...	1
Methodist Home for the Aged, Hitchen	...	...	...	...	2
					—
					12
					—

Welfare arrangements for Handicapped Persons.

Blind.

The following information has been supplied by Mrs. N. B. Taylor, Secretary of the Isle of Wight Society for the Blind.

Registration.

The number of registered blind persons on the 31st December, 1967, was 314 (118 males and 196 females) compared with 289 (104 males and 185 females) on the 31st December, 1966. During the year, 51 new persons were registered (20 males and 31 females) ; in addition, six persons were transferred to the Island. During the same period, 31 persons (8 males and 23 females) died, and one person was transferred to the mainland. The ages of the blind population are shown in the following table :—

Table XXVI

0—1 year	2—4 years	5—15 years	16—20 years	21—39 years	40—49 years	50—64 years	65 years and over	Total	Grand Total
M F	M F	M F	M F	M F	M F	M F	M F	M F	
— —	2 2	3 3	2 3	10 4	14 5	15 19	72 160	118 196	314

Causes of Blindness in New Registrations.

	Cataract	Glaucoma	Diabetes	Other	Total
Treatment recommended	4	2	2	3	11
No treatment recommended	7	2	2	29	40

Employment.

At the end of the year, 21 blind persons (17 male and 4 female) were usefully employed and details of the employment were as follows:—

	Male	Female	Total
Typist	1	1	2
Shopkeepers	4	—	4
Gardener	1	—	1
Minister of Religion	1	—	1
Storekeeper	1	—	1
Physiotherapists	2	1	3
Machine tool operator	—	1	1
Basket maker	1	—	1
Braille copyist	1	—	1
Knitter	—	1	1
Mat maker (Workshops)	1	—	1
Soap maker (Workshops)	1	—	1
Motor Body Repairer	1	—	1
Film Processor	1	—	1
Labourer	1	—	1
	17	4	21

Blind Persons with other disabilities.

During the year a total of 83 persons (31 male and 52 female) were known to be suffering from other disabilities, and these can be classified as follows :

Table XXVII

	Male	Female	Total
Mentally Ill	—	4	4
Mentally Subnormal	6	5	11
Physically Defective	15	29	44
Deaf with Speech	—	1	1
Hard of Hearing	5	8	13
Mentally Ill and Physically Defective	1	—	1
Mentally Ill and Deaf with Speech	1	—	1
Mentally Subnormal and Physically Defective	—	1	1
Mentally Subnormal and Deaf without Speech	—	1	1
Physically Defective and Deaf with Speech	—	2	2
Physically Defective and Hard of Hearing	1	—	1
Mentally Subnormal, Physically Defective and Deaf without Speech	1	—	1
Mentally Subnormal, Physically Defective and Deaf with Speech	1	—	1
Mentally Subnormal, Physically Defective and Hard of Hearing	—	1	1
	31	52	83

As the Society's finances are decreasing it will be necessary from 1st January, 1968 to cut down on some expenditure, but during the last year Christmas and birthday vouchers have been given to all registered blind and partially sighted persons. Fuel, food, clothing, white sticks, note-paper, writing frames, wireless sets, talking books and handicapped persons' cookers have been given, as well as financial assistance and wireless repairs.

A fortnight's free holiday was enjoyed by 14 blind and 9 sighted guides. Twice weekly handicraft classes and the fortnightly social club have continued very successfully throughout the year, but the hoped-for extension to the Handicraft and Social Centre has had to be shelved for the time being.

Partially Sighted.

Registration.

During the year 20 new persons were registered (8 male and 12 female) and 5 persons (4 male and 1 female) transferred to the Island. Two persons (1 male and 1 female) died, and 4 persons (3 male and 1 female) were transferred to the blind register on deterioration of sight. On the 31st December, 1967, the number of registered partially sighted persons was 54 (20 males and 34 females) and the following table gives their age groups :

Table XXVIII

0—1 <i>years</i>		2—4 <i>years</i>		5—15 <i>years</i>		16—20 <i>years</i>		21—49 <i>years</i>		50—64 <i>years</i>		65 and <i>over</i>		<i>Total</i>		<i>Grand Total</i>
<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	
—	—	—	—	2	2	1	1	2	2	4	2	11	27	20	34	54

Deaf and Hard of Hearing.

The Rev. R. G. Young, Secretary of the Hampshire, Isle of Wight and Channel Islands Association for the Deaf has submitted the following report on the year's work in connection with the welfare of the deaf and hard of hearing on the Isle of Wight :—

“Mr. W. H. Styan, the Superintendent of Easthill Home for the Deaf, has continued to serve the Association as Welfare Officer for the Deaf in the Isle of Wight, in addition to his duties as Superintendent of the Home. He has also been responsible for the management of the Island Club for the Deaf, which meets in the club room within the Home.

During the twelve months he has made 96 visits to hard of hearing people and 56 to the deaf. Five people have been assisted in obtaining new employment, three of whom were new-comers to the Isle of Wight. A number of visits were made to an elderly deaf and dumb lady who underwent a major operation, and subsequently returned to live in her own home. Assistance was also given in a court case where a deaf and dumb couple were required as witnesses.

In all cases Mr. Styan works in co-operation with the normal hospital service and other voluntary organisations. As in all areas the Ministry of Labour and Youth Employment Officers co-operate with those specialising in deaf welfare.

Lipreading classes were held from March until October, the number attending varying from four to six. These have been conducted by Mrs. L. E. Alexander.

A Christmas Party was held in December, open to all the deaf in the Island. The Bonhomie mini-bus belonging to the Association was on the Island during the month of August, used for social purposes and outings.

There were 13 Church Services during the year, including three celebrations of the Holy Communion. We are grateful to Canon Granger and several Ministers from Free Churches who have given addresses at these services.

In September 30 members attended the Diocesan Service for the Deaf in Southampton.

On the 16th July the Altar Cabinet and Church Furnishings presented by Mr. C. H. Painter in memory of his wife, were dedicated by the Association's Chaplain. By his Will, Mr. Painter left a sum of money for additional furnishings. Books, hassocks, silver vases and linen were subsequently bought and dedicated to his memory.

The Association is grateful to the Friends of the Deaf Groups in many parts of the Island for their financial help and interest. The British Red Cross Cadets, the Round Table and other organisations have also given their support. The Superintendent has addressed 48 organisations propagating the work.

We would also like to record our deep appreciation of the work of Miss Kate Stevens who was one of the pioneers of the Association's post-war revival over twenty years ago, and served on the House Committee until her death this year. Miss Stevens was, herself, hard of hearing and became nationally known for her keenness in deaf welfare, and wrote a number of books and many articles about the deaf. She was an inspiration to all who supported the voluntary efforts.

The Association's Committee meets in Southampton every month. Throughout the year two or three representatives from the Isle of Wight were present. We record appreciation of the co-operation which the Association receives from the Isle of Wight Department."

The numbers of deaf and hard of hearing on our Register at the 31st December, 1967, are shown in the following table:—

Table XXIX.

<i>Deaf without Speech</i>		<i>Deaf with Speech</i>		<i>Hard of Hearing</i>		<i>Total</i>		<i>Grand Total</i>
<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	
5	2	8	8	7	34	20	44	64

Physically Handicapped (General Classes).

Registration.

On the 31st December, 1967, 221 persons were registered as handicapped persons. The following table shows the classification:—

Table XXX.

	<i>Total</i>
Amputations	12
Arthritis and rheumatism	40
Congenital malformations and deformities	19
Diseases of the digestive and genito-urinary systems; of the heart or circulatory system; of the respiratory system (other than tuberculosis) and of the skin	17
Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine	47
Organic nervous diseases, epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	63
Other mental and nervous conditions	7
Tuberculosis (respiratory)	11
Tuberculosis (non-respiratory)	1
Diseases and injuries not specified above	4
	221

Welfare of the Handicapped.

The Welfare Officers continue to visit registered handicapped persons and give them such advice as may be required to assist them in coping with the effects of their disabilities. In several instances practical help has been given in the form of adaptations in the home and the provision of aids.

Disabled Persons' Clubs.

The Clubs run by the Isle of Wight Branch of the British Red Cross Society in Newport, East Cowes, Freshwater, Ryde and Lake, have continued to operate during the year and are very popular with the handicapped people who attend. These Clubs provide not only occupation in the form of handicrafts, but also an opportunity for social contacts which many would not otherwise have.

Car Badges for Severely Disabled Drivers.

From the commencement of this scheme in 1961, until the 31st December, 1967, 47 severely disabled drivers had been issued with badges enabling them to be easily identified by other road users. These badges carry no legal weight, but handicapped drivers who display them have found the Police very co-operative in helping them to solve their parking difficulties.

Residential Care and Training.

On the 31st December, 1967, the Council maintained 14 handicapped persons in the following homes :—

Chalfont Epileptic Colony	...	...	...	...	...	1
Coombe Farm, Croydon	...	...	...	...	...	1
Weston Manor, Totland	...	...	...	...	...	10*
Cheshire Home, Timsbury, Bath	...	...	...	...	...	1
Le Court Cheshire Home, Liss	...	...	...	...	...	1
Total						14

*These are persons who required care and attention on discharge from Whitecroft Psychiatric Hospital.

During the year the Council accepted responsibility for payment of amenities allowance in respect of two handicapped persons accepted for training at Enham-Alamein Village Centre, Andover.

National Assistance Act 1948—Part IV.

Section 37—Registration of Premises.

During the year under review, seven applications were received for the registration of premises as homes for aged and/or disabled persons, one of which was subsequently withdrawn. Registration was effected in the case of three applications, two of which were in respect of change of ownership of premises previously registered and the remaining three were still under consideration at the end of the year.

Registration was effected in the case of the two applications which were still under consideration at the end of 1966.

In addition, registration was cancelled in respect of one Home.

At the 31st December, 1967, 16 homes for aged and/or disabled persons were registered under this Section of the Act.

Section 47—Removal of Persons in need of Care and Protection.

Action was taken under this Section in 1967 in respect of one person needing care and protection. This patient was admitted to Fairlee Hospital, Newport.

Section 48—Temporary Protection of Property of Persons admitted to Hospital, etc.

The Council accepted responsibility for the protection of the effects of twenty persons during the year.

Section 50—Burial or Cremation of the Dead.

During the year, the Council accepted responsibility for the burial of two persons under this Section of the Act.

Boarding-out of Aged and/or Disabled Persons.

At the end of the year, six persons were accommodated under this scheme which provides for the placement of aged/or disabled persons with private householders as an alternative to residential accommodation provided by the County Council. It is appreciated that the community life of an old people's guest house is not the ideal environment in every case, and the boarding-out scheme provides an alternative for those elderly and handicapped people who are more suitably accommodated with a private family.

Special Housing for Elderly People.

The County Council have not taken part in any new schemes proposed by District Councils during the year, although they have continued to make contributions towards the three schemes already in operation in Newport, Ryde and Cowes.

Isle of Wight Community Services Council.

"The first meeting of the Isle of Wight Community Services Council was held on the 20th June, 1966, and at that meeting it was decided to appoint an Executive Committee of twelve, with power to co-opt where deemed necessary.

At the first Executive meeting there was much discussion on the compilation of a register of elderly and handicapped people in need, as lists of people held by organisations were confidential. It was therefore decided to do a survey on an electoral roll basis, so that no one would be left out, in a small compact area.

This was discussed with the British Red Cross Society, the W.R.V.S., the Isle of Wight Old People's Welfare Association, and the St. John Ambulance Brigade, and it was decided that Sandown would be the most suitable area. A letter was compiled, delivered, and collected by school children from the Sandown Grammar and Fairway Schools, in conjunction with the Sandown Youth Club.

There were requests for postcards for emergency use from 461 people, and 60 people requested visits and further information. There were also a number of people offering to help with our work, and from these the street link system evolved. Also arising from

the survey is the establishment of a limited chiropody service for the elderly. This has been made possible with the co-operation of the County Medical Officer, the Isle of Wight Old People's Welfare Association and the Health Visitor, and is organised by the W.R.V.S.

The Executive Committee has also investigated the possibility of travel vouchers for Old Age Pensioners, the extension of Luncheon Clubs, a Day Centre in co-operation with the W.R.V.S. at Newport Youth Centre, and the provision of mini-buses in Newport and Ryde. Also, arising from a summary of a talk given by Dr. Laidlaw at an Executive Committee meeting on September 29th, a Night Sitting Service has been organised to be used when necessary by elderly or handicapped people during severe illness, or awaiting admission to hospital.

Help has also been given by member organisations after initial visiting to people with particular problems. This has been in co-operation with the Welfare Department, Doctors and relatives."

School Health Service

To the Chairman and Members of the Education Committee of the Isle of Wight County Council.

Madam Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for 1967. The highlight of the year was the arrival of the mobile dental clinic and the support and encouragement of the Committee in this exciting new approach, as in other new developments, is greatly appreciated.

The Committee will note with great interest and satisfaction the effects which are already showing from the arrival in Summer of Miss J. A. Dodds, M.A., C.T.D., the Teacher of the Deaf, whose report makes stimulating reading. When she returns from the Manchester Audiology Diploma Course in Autumn 1968, the new Newport Clinic will be completed with its Audiology Room planned in conjunction with technical experts at Southampton University, to whom we are most sincerely grateful.

Miss J. Ennals, L.C.S.T. has been working very closely with Miss Dodds in the problems in the partially hearing child, although, as her report on the speech therapy service shows, she has been under very great pressure trying to compensate for the absence of a second speech therapist which we hope to remedy in 1968.

Dr. Gwendoline Knight, Consultant Child Psychiatrist, is now able to devote six of her eleven weekly sessions to Child Guidance, but there is still far more to be done in this important field of prevention than she, Miss Horn, County Educational Psychologist and Mr. Chisnell, Psychiatric Social Worker, can at present cope with.

The total number of pupils on the registers of maintained schools rose to 13,989 from 13,405 in the previous year. A total of 5,192 children were medically examined, of whom 1,223 were entrants and 1,146 leavers. First dental inspections numbered 11,821, and approximately 10 per cent of the school population were re-inspected. Details of medical and dental findings are set out in the tables. Seventeen handicapped children were in residential special schools and four children were transferred to Medina House School, the Junior Training Centre. Termly meetings of the Screening Panel for children with cerebral palsy and of the Leavers' After-Care Conference for Watergate pupils were held as usual.

Measles, mumps and chickenpox featured among the infectious diseases but no major outbreak occurred. The familiar gastric illness caused a few days' absence for some pupils and teachers.

With the appointment of Mr. Barrett as County Education Officer in October, we look forward to the continuation of the unique relationship of goodwill and co-operation between our two Departments which grew up under the leadership of Mr. Hutchinson to whom the staff of the

School Health Service wish every happiness in retirement. I should like to thank our colleagues in the Education, Children's and Probation Departments, in the Youth Employment Service and in the hospital and family doctor services for their co-operation ; also the administrative and clerical staff whose help is so invaluable to the professional officers.

I have the honour to be, Ladies and Gentlemen,

Your Obedient servant,

ROGER KEYS MACHELL,

Principal School Medical Officer.

GENERAL STATISTICS.

Schools and School Population.

The area covered by the Local Education Authority is 94,141 acres, and the estimated population of the Administrative County in June 1967, was 98,040.

The number of pupils on the registers of maintained schools at 31st December, 1967 is shown below. Comparative figures for the previous year are also given.

						<i>No. of Pupils</i>		
						1967	1966	
Primary Schools	...	...	...	...	...	8237	7819
Secondary Modern Schools			...	...	...	4046	3917
Secondary Grammar Schools			...	...	...	1588	1547
Watergate School	{	Primary and Secondary	age group integrated	}		106	109	
Forest Side School and Spastic Treatment Centre						12	13	
Total						...	13989	13405

In addition, there were 123 pupils aged between 15 and 18 years attending the I.W. Technical College in Newport and approximately 1,350 pupils in independent schools.

Incidence of various diseases affecting children attending ordinary schools

Primary Schools—

Epilepsy (all forms)	...	...	...	...	...	...	...	...	39
Heart Conditions (including simple murmurs)	...	...	...	...	...	...	...	...	55
Diabetes	...	...	...	...	...	...	...	...	7
Asthma	...	...	...	...	...	...	...	...	96
Physically handicapped or delicate (excluding spastics)	...	...	...	...	...	...	...	...	24
Eczema	...	...	...	...	...	...	...	...	88
Other conditions	...	...	...	...	...	...	...	...	16

Secondary Schools—

Epilepsy (all forms)	...	...	...	...	...	...	...	...	38
Heart Conditions (including simple murmurs)	...	...	...	...	...	...	...	...	50
Diabetes	...	...	...	...	...	...	...	...	9
Asthma	...	...	...	...	...	...	...	...	91
Physically handicapped or delicate (excluding spastics)	...	...	...	...	...	...	...	...	55
Eczema	...	...	...	...	...	...	...	...	64
Other conditions	...	...	...	...	...	...	...	...	18

N.B.—These figures represent individual defects, some children suffering from more than one defect.

HANDICAPPED CHILDREN IN RESIDENTIAL SPECIAL SCHOOLS.

At 31st December, 1967, 17 children (9 boys and 8 girls) were in 15 Residential Special Schools as compared with 17 the previous year.

The schools concerned with the care of handicapped Island children were :—

<i>Category</i>	<i>Name of School</i>	<i>Boys</i>	<i>Girls</i>
<i>Blind.</i>			
	School for Blind Children, Bridgend, Glamorganshire	—	1
<i>Partially Sighted.</i>			
	Barclay School for Partially Sighted Girls, Sunninghill, Berkshire	—	2
	Blatchington Court, Seaford, Sussex	1	—
	Exhall Grange School, Warwickshire	—	1

					Boys	Girls
<i>Partial Hearing.</i>						
Burwood Park School, Walton-on-Thames, Surrey	...	...	...	...	1	
<i>Physically Handicapped.</i>						
Trueloves School, Ingatestone, Essex	...	...	...	...	2	
<i>Delicate.</i>						
St. Catherine's Home, Ventnor, I.W.	...	...	...	...	1	
<i>Maladjusted.</i>						
Kingsmuir School, Stonelands, Sussex	...	...	...	...		1
Fedsden School, Farndon Harlow, Essex	...	...	...	...		1
Potterspury Lodge School, Towcester, Northants	...	...	...	...		1
Buttledown Manor Hostel, Cheltenham, Gloucestershire	...	...	...	...	1	
Pitt House School, Torquay, Devon	...	...	...	...	1	—
<i>Educationally Sub-Normal.</i>						
Field Heath House School, Hillingdon, Middlesex	...	...	...	...	—	1
Besford Court School, Worcester	...	...	...	...	1	—
<i>Epileptic.</i>						
Lingfield Hospital School, Lingfield, Surrey	...	...	...	...	1	

No pupils ascertained as coming within the categories of Deaf or suffering from Speech Defect, within the meaning of the School Health Service and Handicapped Pupils Regulations were attending residential special schools at the end of the year.

Children Unsuitable for Education at School.

During the year four children was notified by the Local Education Authority to the Local Health Authority under Section 57 (4) of the Education Act, 1944 (as amended).

FOREST SIDE SCHOOL AND SPASTIC TREATMENT CENTRE.

Teacher in Charge: Mrs. U. Herbert.

Doctor B. E. Stone, Medical Officer to the School, reports:—

“As from 5th January, 1967 the name of this School was changed from Spastic Day Unit to Forest Side School and Spastic Treatment Centre.

On the 31st December, 1967 there were 13 pupils on the school roll, and during the year there were five entrants and four leavers. Each of the children received a medical inspection from the School Medical Officer once a term and parents were invited to attend these medicals when they were able to discuss their child's individual progress. Pupils were also seen as necessary at the Combined Cerebral Palsy Clinic attended by the Consultant in Physical Medicine and the Consultant Orthopaedic Surgeon.

Physiotherapy, hydro-therapy and speech therapy were provided for those children who required treatment.

In the past, St. Mary's Hospital has provided the School with two cadet nurses to assist with the children; unfortunately, owing to a lack of these cadets this was not possible during the year but extra help was given by another member of the hospital staff.

The Screening Panel for the School met three times during the year to consider any new applicants for the School and review the progress of those children already attending. Reports on each child were received from the Head Teacher, Physiotherapist, Speech Therapist, Educational Psychologist and School Medical Officer.”

WATERGATE SCHOOL.

Headmaster : Mr. E. W. Hopwood.

Dr. B. E. Stone, Medical Officer to the School, reports :—

“At the beginning of the year the staff and pupils extended a warm welcome to Mr. E. W. Hopwood, their new Headmaster. Mrs. J. Brown and Mrs. B. Beevers also joined the staff during the year although Mrs. Beevers was to leave before the year was out. Unfortunately Mrs. F. I. Biggs died after a long illness.

At the end of the year there were 105 pupils on the school roll. During the year 15 new pupils were admitted and there were sixteen leavers. Eight of the pupils left to enter employment, one child left when his family moved to the mainland and 7 children transferred to Medina House School.

As is the usual custom a Leavers' Panel consisting of the Headmaster, Youth Employment Officer, School Medical Officer, Senior Welfare Officer and a Children's Officer met each term to discuss the future of children nearing school leaving age and to receive reports on the progress of pupils who had recently left the school.

A routine medical inspection was performed on each child during the year and parents were invited to attend as their presence is most valuable in the full assessment of their children. The new entrants were given a medical inspection shortly after their admission to the school, these medicals including accurate assessments of vision and hearing.

In conclusion, I would like to thank Mr. E. W. Hopwood, his staff and the School Nurse for their full co-operation, thus enabling the pupils to receive the maximum advantages of the School Health Service.”

AUDIOLOGY CLINIC.

Dr. D. W. Quantrill, Medical Officer to the Clinic, reports :—

“During the year Miss J. A. Dodds, M.A., C.T.D., assumed duty as Teacher of the Deaf. Deaf children throughout the Island are already benefiting from her assistance and encouragement. Plans were also finalised for a new Audiology Clinic. We thus have an opportunity of building up a first-class audiology service for Island children.

Our efforts will be further strengthened by the enthusiasm and support of the Isle of Wight Deaf Children's Association under the Chairmanship of Mr. W. T. Jones, M.B.E. The main purpose of this Association is to bring together the parents of children with hearing difficulties in order to discuss mutual problems. The Association also raises funds for certain special items of equipment and welfare.”

Statistics.

I.—Results of Pure Tone Audiometry testing in Schools.

Number of children receiving routine screen testing	...	2073
Number of children who failed the routine screen test		
(to be re-tested)	... ..	535
Number of children re-tested	... ..	117
Number of children who failed the re-test	... ..	114

The children who failed the retest are under observation and will be dealt with as necessary.

II.—Children with an established hearing loss attending school.

Number of children attending Residential School :

(i) For the deaf	... ..	Nil
(ii) For partially hearing	... ..	1

Number of children attending ordinary day schools :

(i) Wearing a hearing aid	... ..	15*
(ii) Not wearing a hearing aid	... ..	50

*(7 Primary, 8 Secondary)

Hearing—Impaired Children.

I am grateful to Miss J. A. Dodds, M.A., C.T.D., Teacher of the Deaf, for the following report : —

"I took up my appointment here in the Summer term, and had only until October before taking up secondment to the Audiology Diploma Course at Manchester University. Time was short in which to get a broad picture of assessment and educational needs, but staff in the various fields concerned all made it as easy as possible and the existence of a Parents' Group helped in many ways.

Children with a hearing loss usually have some imperfect amount of hearing in varying degrees, and the work of a Teacher of the Deaf is largely concerned with developing this in terms of early ascertainment, training and continuity of listening opportunities. Given encouragement, lip-reading arises as a natural contribution and develops as understanding grows : not, as with the deafened adult, by lessons based on past experience of hearing.

One exception to the broad approach was that I gave lessons two or three times a week to a little four-year-old girl and her family. With only moderate loss of hearing she was crying out for help over use of her aid and over-parental encouragement. She had virtually no speech and was thus at first unnecessarily "educationally deaf," but she began to produce a better audiogram and to talk. The child was also helped by short attendances at the local infant school and, in my absence from November, voluntary evening supervision was continued by the Head Girl of a local Secondary School. I hope she will eventually be up-graded to "educationally partially-hearing," which is her natural category.

Apart from this individual case, the work was more general. The first step was finding a room as a base, getting to know people and places, then following up the twelve priority children listed by Dr. Quantrill and meeting the families and staff concerned. Afterwards came an assessment study of the under-fives under observation and visits to those schools having slightly handicapped children. I also assisted Dr. Quantrill with two Clinic sessions and spent a good deal of time bringing records up-to-date since there had been no one full-time person to do this. Furthermore I visited children who had just left school and saw something of the school screening. Screening at special units has begun with some classes at Watergate School but the process is sometimes laborious and lengthy. I plan to complete the rest of the school and other units later.

I visited the Portsmouth and Southampton departments for the Deaf and also a number of mainland schools in order to discover the best placement for the little girl previously mentioned, whose progress will depend on meeting appropriately her "between two stools" category. The ratio of time on various duties, including travelling, varied from one stage of term to the next as needs arose, and I am extremely appreciative that such a flexible time table met support.

One apparent feature in the distribution of types of hearing loss is the bulge of severe high-tone deaf at the early junior stage : this suggests some cases have possibly been missed at earlier and later stages, but it may not be so significant.

The most immediate issues appeared to be the three, later four, high-tone deaf children and one very deaf school leaver. The first four risk falling behind in work as this develops into the later junior stages : all needed assessments of the suitability of their hearing aids.

For the younger group the Technical College are helping to provide less strain in school listening conditions by the introduction of a loop inductance system. This relays the teacher's voice more, rather than less strongly than the sounds close to the child's own hearing-aid microphone, and eventually it is hoped to improve on this even further.

To check the suitability of aids, a common practice is to enlist the help of a good hearing-aid consultant or firm, since the rapid technical advances often out-pace the knowledge of professional advisors, and we were fortunate that one of the Directors of Philips' aids visited the Island specially to help over adjustment of controls, etc. The prescribed commercial aids all appear to be appropriate to the various losses.

Other equipment has also been a concern. Immediate needs of testing and training toys, a tape recorder and another speech-trainer have been met, and further additions are being requested. A further Philips' aid is on trial with a child who newly arrived on the Island at eighteen months without having been fully diagnosed beforehand. Habilitation was begun immediately to meet her severe loss with a full diagnosis, and aid, and home guidance shared between the Health Visitor and myself."

EYE SERVICES FOR SCHOOL CHILDREN.

Mr. J. M. Elsby, M.B., B.S., D.O., F.R.C.S., Consultant Ophthalmologist reports :—

Eye Clinic.

“The sessions for school children with visual defects have been continued at the Royal Isle of Wight County Hospital, Ryde, and the Medical Eye Centre, High Street, Newport. The value of these clinics is that they enable liaison with the Principal School Medical Officer and his staff, and this has proved very helpful for children in whom there are other problems besides the visual ones.

Unfortunately the Orthoptist is not able to be present at the same time as the medical staff, but this will be remedied when the Newport Health Clinic opens. The service will then be greatly improved and it will reduce the number of visits children now have to make.”

Total cases dealt with at both Eye Clinics during the year 668.

Orthoptic Clinic.

Miss M. E. Sharland, the Regional Hospital Board's Orthoptist, treats school children under Mr. Elsby's supervision at the Royal Isle of Wight County Hospital, Ryde : County Hall, Newport and Princes Road Clinic, Freshwater.

Details of attendances at these Clinics during the year are given below :—

Number of Cases :						<i>Newport Clinic</i>	<i>Ryde Clinic</i>	<i>Freshwater Clinic</i>
Attending regularly 1-1-67	...	...	...	...	...	158	153	26
Re-admitted	...	...	...	...	...	2	2	1
New cases admitted	...	...	...	...	...	62	68	3
Transferred between Clinics	...	...	...	...	...	—3	+3	—
Discharged	...	...	...	...	...	51	59	13
Attending regularly 31-12-67	...	...	...	...	...	168	167	17

TREATMENT OF POSTURAL DEFECTS.

Miss D. Hitchins, C.S.P. retired from the School Health Service on 31st March, 1967, and Mrs. H. Schieffer, M.S.R.G. succeeded her in the position of Remedial Gymnast, part-time, on 10th April, 1967.

Since then the existing Clinics at Ryde, Well Street ; County Hall, Newport ; Cowes Health Centre ; Fairway Secondary Modern and Freshwater All Saints Primary Schools, have been visited regularly. New weekly Clinics have been opened at the following schools: Carisbrooke Grammar, Northwood County, East Cowes County and Priory Secondary Girls'.

All the Island schools have been visited and a good relationship has been established with the staff and parents. Attendances at the Clinics have been good.

The work for the period from April until December 1967 is recorded in the following table :—

Number of clinics held	...	...	...	...	...	...	684
Number of children treated	...	...	...	...	...	...	123*
Number of attendances	...	...	...	...	...	...	3690
Number of new cases	...	...	...	...	...	...	99
Number of schools visited	...	...	...	...	...	...	67

*(including 48 postural defects)

SCHOOL DENTAL SERVICE.

"Inspection and treatment of children has followed the usual pattern, although the work has been hampered to some extent by sickness among the staff. In spite of this, all schools have received dental inspection and treatment, and in addition to this, approximately 10 per cent of the school population have been re-inspected. Many of those children are recalled to the clinics for re-examination at regular intervals. It is hoped to initiate a habit of dental care which will last through adult life.

The statistical returns relating to our service, appearing on page 67 are self-explanatory but it is worthy of mention that 78 per cent of those children who were offered treatment accepted it. The great majority of the remainder do receive treatment from the general dental services and it is becoming more and more uncommon to see a badly neglected mouth in our Island schools.

It is sometimes asked whether the School Dental Service and the general dental service of the National Health Service are overlapping but it is quite obvious to those working in either sphere that they are complementary and that neither Service could cope adequately with the work necessary for children without the existence of the other.

We continued with our work in the field of dental health education and organised a concentrated campaign of one week's duration aimed at introducing the subject to the infants. The Oral Hygiene Service once again gave us their help and full use was made of their two lecturers and their mobile cinema, and no praise is too high for their efforts on behalf of the dental health of our children.

Perhaps the big event of the year was the delivery of a mobile dental clinic. This is a trailer, dentally equipped to a high standard, which will enable us to provide a good service at the rural schools. Previously the work was either carried out in some convenient (or inconvenient!) corner of the school, using makeshift equipment, or else the children were transported to the nearest clinic with the resultant loss of school time.

It is my pleasure to thank all my staff for their continued efforts for the dental welfare of the children and also our colleagues in the teaching profession whose co-operation is invaluable in the smooth running of our work."

G. SIMONS,

Principal School Dental Officer.

CHILD GUIDANCE SERVICE.

Report of Consultant Psychiatrist.

I am indebted to Dr. G. D. Knight, Consultant in Child Psychiatry for the report which follows on Child Guidance during 1967 :—

	1967	1966	1965
Number of new cases seen	95	87	92
Total number of children seen	156	150	146

<i>Referred by :</i>					1967	1966	1965
General Practitioners	...	...	...	...	32	31	33
School Medical Officers	...	...	...	...	16	14	25
Educational Psychologist	...	...	...	...	13	1	—
Head Teachers	...	...	...	...	2	12	10
Children's Officer	...	...	...	...	10	6	3
Parents	...	...	...	...	7	7	8
Health Visitors	...	...	...	...	6	7	3
School Welfare Officers	...	...	...	...	5	1	—
Consultants	...	...	...	...	3	6	5
Court	...	...	...	...	1	—	—
Probation Officers	...	...	...	...	—	—	4
Speech Therapist	...	...	...	...	—	2	1
					95	87	92
					—	—	—

New cases referred during 1967 where a home visit was made by the Psychiatric Social Worker but which were not subsequently seen at the Clinic—12.

“From April 1967 the number of Clinic sessions was increased from four to six, and now at least one session is held every week day. This has not appreciably affected the number of cases seen but I am sure that it has enabled us to give better service to the children referred to us and to their parents. Increasing use of the Clinic in a consultative capacity is being made, by School Welfare Officers, the Children's Department, Health Visitors in their concern for pre-school children, and the Probation Department, and we are now more easily available. We are hoping to extend our contacts with workers in these other fields, by arranging case discussions from time to time.

I am working part-time at Whitecroft Hospital, and have become very much aware of the two-way effect of the illness of parent and child on each other. I find the mother having been admitted to hospital suffering from severe anxiety, or depression perhaps, when I have already seen the child at the Clinic ; or the child may come later, showing the effect on it of separation from the mother. It is obvious that there is a need for a strong link between social workers and doctors concerned with difficult members of such a family. We are fortunate in the Isle of Wight in that people working in different fields of health, education and welfare are often well known to each other personally and take care to maintain close contact. This saves time and effort in finding out the facts, and it means that there can be a planned and co-ordinated policy of help.

Most children seen at the Child Guidance Clinic are given a first appointment two or three months after they are referred. This sounds a long time, and ideally it should be much less. However a home visit by the Psychiatric Social Worker is made much sooner, often within a week, and cases of real urgency can be seen at the Clinic (or at home, if necessary) within a day or two.

It will be noted that twelve children who were referred were visited at home by the Psychiatric Social Worker and were not seen at the Clinic. In most of these the parents reported such an improvement in the situation after the visit that they felt an appointment was no longer necessary. In these, and in many other cases where home visits are made between Clinic appointments, the Psychiatric Social Worker is able to give much help and support to parents coping with a disturbed child. It must be remembered, too, that it is quite an undertaking sometimes for a mother to bring a child to Newport, especially if she has other children under school age and no helpful relative or neighbour to leave them with. Bus fares are expensive too ; it might cost a mother 10/- or more for each attendance, quite a significant amount in some family budgets. We find it necessary more frequently now to give travel vouchers to such mothers. It might well be a good arrangement if some Clinic sessions were held elsewhere than Newport—for example, once a month in Freshwater and once a month in Ventnor.

It may be of interest to mention one or two cases which have been dealt with. Needless to say, details have been altered to avoid any possibility of recognition.

The work done with the family of Mrs. A is a good example of involvement of several different agencies. Mrs. A was deserted by her husband and left with four children of five and under and very little money. She became quite depressed and unable to give the children the attention and management they needed. One child became physically ill, probably because he was unhappy, and two were extremely disturbed emotionally as a result of the disappearance of their father. The Health Visitor went almost daily

to the home, and two children were seen at the Clinic. For a time we felt that the situation was being held, then Mrs. A became interested in another man and hoped to marry him, but this came to nothing because he was not willing to take on four small and difficult children. Mrs. A became more hopeless and despondent and the children reacted with such disruptive behaviour that they were quite out of hand. It was necessary to ask for help from the Children's Department. The two oldest children were placed with a very experienced foster mother, who gave them a comfortable and well managed home life, with plenty of affection and the firm control they so badly needed. They settled down well and later returned successfully to their own home. While they were away Mrs. A had a chance to get on terms with her two youngest children and her own health improved. Things now look quite promising but obviously she will need support and the children should continue treatment at the Clinic for some time.

Another interesting case was that of Jennifer B, aged 9, who was referred because she refused to go to school. For years she had been reluctant to go, and each morning the parents sighed with relief when they finally got her there; but then recently she had begun to weep and to make herself ill, and she refused completely to get out of her father's car and go into school. At this point she was brought to the Clinic. It was felt that the school refusal was only part of Jennifer's problem. She was too dependent on her mother for her age, and unwilling to give up being her "baby." Mrs. B had unwittingly encouraged this attitude. Jennifer had been a delicate child and had needed a lot of care. She had also been affectionate and responsive from babyhood and her mother enjoyed this because the other members of the family were reserved and self-sufficient. There grew up a very close relationship between Jennifer and her mother, and without intending consciously to do it Mrs. B made life so comfortable and undemanding that Jennifer had naturally no wish for anything else. As it happened, Mr. B was exceptionally busy and often away from home for long periods. Mrs. B was lonely without him and filled the gap by making an intimate companion of Jennifer. Jennifer had little contact with her father and did not get the encouragement and rather "tougher" attitude he could have supplied.

Mrs. B gradually understood and accepted all this and began, with our encouragement, to put gentle pressure on Jennifer to be more independent in every way and to be less obviously protective when the child met difficulties. She gently discouraged Jennifer's babyish displays of affection and talked to her on a more grown-up level. Jennifer did not at all like this at first, and showed her resentment by destructive and spiteful behaviour for a little while, but with psychiatric support soon became a much happier and confident person. Meanwhile a conference was held with the School Welfare Officer and Jennifer's Head Teacher who knew her and her family well. Practical ways were worked out to make it easier for Jennifer to start off in the morning and to enjoy it when she got there. She was given special responsibility in little ways and began to feel her teacher relied on her and that she had a real place in the class. Also Jennifer was fully tested by the Educational Psychologist who found that she had only low average ability. Her rather poor performance at school was thus explained and the expectations of her teachers and parents was a little reduced.

All this took time and there were several set-backs, but a satisfactory result was achieved for Jennifer and her family through the interest and co-operation of quite a lot of people.

The case of Peter C was rather different. I saw him at an adult psychiatric clinic when he was twenty-two, and mention him because he was an example of a "Child Guidance failure." His mother was highly respectable and well-educated, and extremely possessive. She had divorced Peter's father and treated Peter as a substitute husband in some ways, playing on his sympathy by posing as a weak and injured woman, and at the same time allowing him almost no emotional freedom. At the age of ten Peter was referred for child guidance treatment by his Head Teacher because he was doing so badly at school. At this time Mrs. C was quite unwilling to change her attitude and she did not go on taking him to the Clinic.

By the time I saw him he had been a failure at school, had drifted in and out of many jobs, usually losing them through absenteeism, and was in debt to the tune of several hundred pounds. His relationship with his mother was extremely abnormal. He was alternately abusive (and even physically violent), and childishly submissive. He was lazy, selfish and frequently flew into frightening tantrums. His behaviour in the home was intolerable but he had a superficial charm which he used outside the home to get himself out of unpleasant situations. He had, in fact, lost all confidence in his ability to succeed in anything, and had given up hope of breaking away from his mother's influence.

Fortunately he was exceptionally intelligent, and he was desperately unhappy. He quickly understood the situation as it became clear during psychotherapy, and after a struggle he faced the choice that was put before him—either to continue to solace himself with fantasies of success, leaving all the real work to his mother, or to face reality and get down to a few brass tacks. He is now at last living away from home, working hard at a career which promises to be both demanding and rewarding.

One cannot help regretting the ten or twelve years of misery, both for himself and his mother, which might have been avoided if she had persevered in taking him for treatment when advised to do so. It is a case which underlines the fact that psychological treatment will not succeed unless there is in the patient at least some wish for change, and some willingness to co-operate. The Psychiatrist has no power to enforce co-operation, he can only explain, advise and persuade.

Psychological treatment is by no means a pleasant procedure to undergo ; but fortunately, once it is under way, it does bring its rewards."

SPEECH THERAPY.

I am indebted to Miss J. Ennals for the following report :—

"1967 has clearly demonstrated the need for employment of two full-time Speech Therapists if an efficient Speech Therapy Service is to be maintained on the Island. Unfortunately, owing to the shortage of Therapists there has only been one Speech Therapist working on the Island since last March, 1967.

Accordingly, one session has been held per week in Ryde, Cowes and Lake Health Centres, and 1½ at Newport. During term time, one session per week has been held in the following schools : Freshwater and Shalfleet and Forest Side School, and half a session at East Cowes Grange Road, East Cowes R.C., Wroxall, Ventnor Infants and Ventnor Junior and Watergate.

Table of Defects Treated during 1967.

	Ryde	Newport	Shalfleet	Freshwater	Cowes	East Cowes	Lake	South Wight	Forest Side	Watergate
Retarded Language	—	1	1	—	—	—	—	—	—	—
Retarded Language plus Dyslalia	—	2	1	—	—	2	2	1	2	2
Dyslalia	9	10	—	2	5	9	6	2	—	4
Dyslalia plus Stammer	—	1	—	1	—	—	—	—	—	—
Dyslalia plus Hyponasality	—	1	—	—	—	—	—	—	—	—
Dyslalia plus Hypernasality	1	—	—	—	1	—	1	—	—	—
Palatal	—	—	3	—	—	—	—	—	—	—
Interdental Sigmatism	5	2	3	5	2	3	5	2	—	—
Lateral Sigmatism	1	6	—	1	3	—	2	—	—	—
Cleft Palate	—	—	1	—	—	—	2	1	—	—
Dysphonia	—	—	—	—	—	—	1	—	2	—
Deaf	1	1	—	2	—	—	—	—	—	—
Stammer	—	5	—	3	1	—	4	6	—	—
Dysphasia following road accident	—	1	—	—	—	—	—	—	1	—
Partial Deafness plus Stammer plus Dyslalia	—	—	—	—	1	—	—	—	—	—
Autistic	—	—	—	—	1	—	—	—	—	—

It has only been possible to treat "priority" cases; consequently, these tend to be longer term cases than minor speech defects, such as lisps. Generally speech defective children benefit more from individual treatment, but where possible, and when indicated, group treatment has been undertaken. This often aids socialisation, many of these children having difficulties in this sphere, often owing to their defect. It has the added advantage of making them feel that others have to face a similar handicap.

Thus, many children have had to be temporarily stood down and are either waiting for a short course of treatment, or for a check-up appointment with a view to being discharged.

Figures for 1967 :

No. of cases seen for the first time	...	...	...	63
No. of cases admitted for treatment	...	...	...	41
No. of cases admitted for observation	...	...	...	22
No. of discharges	...	...	...	50
No. of children attending for regular treatment on 31st December, 1967	...	...	...	72
No. of appointments offered	...	...	...	2975
No. of appointments kept	...	...	...	2699
Absences	...	...	...	276
No. of treatment sessions held	...	...	...	472
No. of home visits	...	...	...	70
No. of school visits	...	...	...	80
Observation list	...	...	...	117
Waiting list	...	...	...	6

Prevalent Defects.

A. Retarded Language.

Generally linguistic ability improves with a term at school. Accordingly, unless specifically requested, it is our policy to treat children after this period has elapsed. During 1967, a number of pre-school children were referred by Health Visitors and G.P's.

All children go through the natural process of speech sound substitutions and omissions, etc. Consequently, it is not surprising to find that children late in developing linguistic skills, have an accompanying difficulty with articulation.

B. Dyslalia.

It can be seen from the table that many children suffer from articulatory difficulty which often makes speech unintelligible, and can have a detrimental effect on schooling.

Quite a number of children are tongue thrusters and lisp (interdental sigmatism) whilst others distort sound patterns by palatal or lateral emission of air.

C. Cleft Palate.

On the whole, good progress has been made by these patients. The importance of early operation has been shown this year by the excellent progress made by a pre-school child who due to successful operative procedure has had the benefit of speech organs now approximating to the normal.

There have been several meetings with Mr. Laing, the Plastic Surgeon of Odstock Hospital, Salisbury, during which mutual cases have been discussed.

D. Dysphonia.

Often cerebral-palsied children suffer from voice problems.

Ideally, the children attending the Forest Side School should receive daily stimulation if full benefit from Speech Therapy is to be derived. The maxim with these children who are often handicapped physically and mentally, is "a little and often." When there are two Therapists on the Island, this should be reviewed.

E. Deaf.

The majority of deaf children treated during 1966 were placed on observation during 1967. Emphasis has been placed on utilising the residual hearing of these children.

We were delighted to welcome Miss Dodds, the newly appointed Teacher of the Deaf and exchange of views and knowledge has proved beneficial.

F. Stammers.

The greater proportion of stammerers out of the total case load are referred from schools in the South Wight (see Table I). These have been considerably helped by the purchase of an electronic metronome during 1967 which emphasises the rhythmical nature of speech.

G. Dysphasia following Accident.

Both patients were treated in hospital and have responded as well as their physical conditions have permitted.

H. Autistic.

Some progress is being made with a pre-school autistic boy. Although he is not communicating with words, he is now using gesture, and will imitate sounds, etc. It will be interesting to watch future progress.

Schools.

A good liaison has been maintained with the schools. It is to be hoped that visiting all schools will be speedily resumed when another Therapist is appointed.

There is a need for Speech Therapy services to be facilitated in Godshill and Brighstone schools as they are not near Health Centres and transport is difficult for parents (particularly in the Winter) and similarly in the St. Helens and Bembridge area.

Conclusion.

It is important that the Island should be properly staffed with Speech Therapists in order to meet the need for Speech Therapy, especially as people are becoming increasingly conscious of speech defects.

Many children require "release" therapy and time which it has not been possible to give during 1967. We are dealing not with one defect but with the problem affecting the whole child, and it is important that the child should be treated as a whole, and helped to accept his problem and overcome it.

INFECTIOUS DISEASES.

The Child Health Section was notified of the absence of 1,036 pupils on account of infectious disease by Head Teachers during the year.

By far the greater proportion of notifications occurred during the Spring and Summer Terms, the overall numbers of each category diminishing rapidly with the advent of Autumn.

Reported absences were due to :

Measles	...	...	...	...	...	...	...	399
Mumps	...	...	...	...	...	...	...	313
Chickenpox	...	...	...	...	...	...	...	173
German Measles	...	...	...	...	...	...	...	95
Whooping Cough	...	...	...	...	...	...	...	29
Scarlet Fever	...	...	...	...	...	...	...	10
Other diseases	...	...	...	...	...	...	...	17

PREVENTION OF TUBERCULOSIS—B.C.G. SCHEME.

Hcaf testing and, as necessary B.C.G. vaccination of children approaching 13 years and older continued at the secondary schools and six independent schools.

A total of 1,285 forms were returned by parents, 90 refusing the test and 72 intimating that their child was either already under the surveillance of the Chest Physician or had received B.C.G. protection elsewhere.

The number of children tested—1,062 included 93 absentees from 1966. One hundred and nine (10.3 per cent) were positive and were referred to the Chest Physician. Nine hundred and eleven of the 914 found to be negative were vaccinated against tuberculosis and 38 children showing an extremely mild positive reaction will be retested in 1968. In addition, twelve children brought forward from 1966 were retested and, proving satisfactory all were vaccinated.

Thirty-three children who had received B.C.G. Vaccination in infancy or later years were, with parental consent, retested. Six of these children were re-vaccinated.

VACCINATION AND IMMUNISATION.

The figures for primary vaccinations apply of course only to children who had not had their course of injections in infancy. Normally over 90 per cent of Island children have already completed the course.

(i) *Vaccination against Poliomyelitis.*

Throughout the year live oral vaccine has been available for routine vaccination against poliomyelitis. Sixty-one primary and 968 reinforcing doses of oral vaccine were supplied during the year to children born during the years 1951-1963 inclusive.

(ii) *Immunisation against Diphtheria.*

During the year 22 children aged 5 to 16 years completed a full course of primary immunisation against diphtheria and 1,603 were given a reinforcing injection.

MEDICAL EXAMINATION OF STUDENT TEACHERS.

Sixty-one entrants to training colleges were examined by School Medical Officers and these candidates were placed in the following medical categories as laid down by the Department of Education and Science :—

Category	...	A1	A2	B1	B2	C
Number examined		49	12	Nil	Nil	Nil

There were three new candidates for teaching posts with the Authority ; also, thirteen “experienced” teachers from other authorities were medically examined prior to entering employment in Island schools and all found fit.

WORK OF THE SCHOOL NURSES.

The work of the School Nurses includes vision testing, preparation for school medical examination and the prevention of infection and infestation among school children.

The three School Nurses receive a programme of the medical examinations of school children and they then make arrangements at a time convenient to the Head Teachers to carry out preliminary tests in preparation for the Medical Sessions.

Vision testing is carried out for entrants into school at five years and eleven years, also for school leavers, and annually between these ages for children with defects of vision, and for other children as time permits.

At Watergate School, where the children are in special need of medical care, visions are tested annually and full medical examinations are made more frequently as needed, to assess the child's health and progress.

Routine hygiene examinations of every school child were discontinued at the request of the Head Teachers in 1962, and School Nurses have, therefore, to be very vigilant when examining children for other purposes and are prepared to visit any school without delay if a child is found to be infested. Follow-up visits are then paid to the parents and advice and assistance given in remedying the condition.

Seventeen talks on health subjects were given to school children by Miss J. H. Spanton, who will shortly be commencing Health Visitor training and will be returning to work in the Health Department in September 1969. In addition Health Visitors have given talks to children at the invitation of Head Teachers.

Summary of the work of the School Nurses.

						<i>Total</i>
Visits to schools for all purposes	...	...	...	...	...	1640
Medical Inspections attended	...	...	...	...	...	427
Children examined for cleanliness	...	...	...	...	...	5898
Children found to be unclean	...	...	...	...	...	58
Home visits for advice regarding general hygiene	...	...	...	...	...	52
Children tested for vision	...	...	...	...	...	8776
Children tested for colour vision	...	...	...	...	...	1561

SCHOOL MEALS AND MILK.

Report of the School Meals Organiser—Miss B. E. Welch :—

“A census taken on a normal day in September 1967 gave the following figures :

(a) Meals :

<i>Schools</i>			<i>No. in attendance</i>	<i>No. of meals served</i>	<i>Percentage taking meals</i>	
					1966	1967
Primary ...	...	...	7326	5267	70.0	71.9
Secondary ...	...	...	5437	3738	71.4	68.7
Total ...	...	...	12763	9005	71.0	70.6

(b) Milk :

<i>Schools</i>			<i>No. in attendance</i>	<i>No. taking milk</i>	<i>Percentage taking milk</i>	
					1966	1967
(i) Maintained :						
Primary ...	...	...	7326	6661	91.7	90.9
Secondary ...	...	...	5437	1978	40.7	36.4
Total ...	...	...	12763	8639	69.9	67.6
(ii) Non-maintained :						
			1358	1189	86.4	87.5

APPENDIX I.

SCHOOL MEDICAL INSPECTIONS AND TREATMENT: STATISTICAL TABLES.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS DURING THE YEAR ENDED 31st DECEMBER, 1967.

Table A—Periodic Medical Inspections

Age groups inspected (by year of birth)	No. of pupils inspected	Physical condition of pupils inspected		Pupils found to require treatment (excluding dental disease and infestation with vermin)		
		Satisfactory	Unsatisfactory	For defective vision (excluding squint)	For any other condition recorded at Appendix II	Total individual pupils
		No.	No.			
1963 and later ...	51	51	—	—	4	4
1962 ...	1172	1172	—	21	78	93
1961 ...	218	218	—	5	12	15
1960 ...	125	125	—	3	9	11
1959 ...	1118	1118	—	13	34	47
1958 ...	110	110	—	2	9	9
1957 ...	115	115	—	5	6	11
1956 ...	285	285	—	5	20	24
1955 ...	497	497	—	8	15	21
1954 ...	212	212	—	3	4	6
1953 ...	143	143	—	5	2	7
1952 and earlier	1146	1146	—	13	18	31
Total ...	5192	5192	—	83	211	279

Percentage of total pupils inspected whose physical condition was :
Satisfactory 100.0% ; Unsatisfactory Nil.

Table B—Other Inspections

Number of Special Inspections	...	...	...	...	58
Number of Re-Inspections	...	...	...	...	1945
Total	...	...	...	...	2003

Table C—Infestation with Vermin

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	...	...	5898
(b) Total number of individual pupils found to be infested	...	...	...	...	58
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	...	...	...	...	None
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	...	...	...	...	None

APPENDIX II

TABLES A AND B—DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

Defect or Disease	PERIODIC INSPECTIONS												SPECIAL INSPECTIONS			
	ENTRANTS—1223 No. of Defects				LEAVERS—1146 No. of Defects				OTHERS—2823 No. of Defects				TOTAL—5192 No. of Defects			
	Requiring Treatment	Incidence per 1,000	Requiring Observation	Incidence per 1,000	Requiring Treatment	Incidence per 1,000	Requiring Observation	Incidence per 1,000	Requiring Treatment	Incidence per 1,000	Requiring Observation	Incidence per 1,000	Requiring Treatment	Incidence per 1,000	Requiring Observation	Incidence per 1,000
Skin	11	8.9	60	49.0	6	5.2	19	16.6	18	17.0	35	6.7	127	24.4	—	—
Eyes: (a) Vision ...	27	22.0	39	31.9	14	12.2	28	24.4	41	27.6	82	15.7	145	27.9	1	17.2
(b) Squint ...	11	8.9	17	13.9	—	—	—	—	13	3.2	24	4.6	26	5.0	—	—
(c) Other ...	1	0.8	3	2.4	—	—	6	5.2	3	3.9	4	0.7	20	3.8	—	—
Ears: (a) Hearing ...	3	2.4	86	70.3	4	3.5	11	9.6	7	25.1	14	2.7	168	32.4	1	17.2
(b) Otitis Media ...	1	0.8	24	19.6	—	—	2	1.7	1	3.5	2	0.4	36	6.9	—	—
(c) Other ...	—	—	10	8.2	—	—	1	0.9	—	1.8	—	—	16	3.1	—	—
Nose and Throat ...	14	11.4	106	86.7	2	1.7	29	25.3	13	29.0	29	5.6	217	41.8	1	17.2
Speech ...	16	12.8	56	45.8	1	0.9	3	2.6	9	4.9	26	5.0	73	14.1	4	68.9
Lymphatic Glands ...	—	—	13	10.6	—	—	—	—	—	2.8	—	—	21	4.0	1	17.2
Heart ...	2	1.6	9	7.4	—	—	3	2.6	1	2.5	3	0.6	19	3.6	—	—
Lungs ...	9	7.4	46	37.6	—	—	7	6.1	1	10.6	10	1.9	83	15.9	—	—
Developmental: (a) Hernia ...	1	0.8	5	4.1	—	—	1	0.9	—	1.8	1	0.2	11	2.1	—	—
(b) Other ...	2	1.6	20	16.3	1	0.9	5	4.3	10	8.5	13	2.5	49	9.4	—	—
Orthopaedic: (a) Posture ...	2	1.6	4	3.3	1	0.9	2	1.7	12	6.0	15	2.9	23	4.4	—	—
(b) Feet ...	9	7.4	24	19.6	—	—	5	4.3	5	9.2	14	2.7	55	10.6	—	—
(c) Other ...	3	2.4	57	46.6	2	1.7	11	9.6	7	19.8	12	2.3	124	23.9	—	—
Nervous System: (a) Epilepsy ...	5	4.1	7	5.7	—	—	1	0.9	1	3.2	6	1.1	17	3.5	—	—
(b) Other ...	—	—	6	4.9	2	1.7	5	4.3	3	6.4	5	0.9	29	5.6	1	17.2
Psychological: (a) Development ...	1	0.8	53	43.3	—	—	3	2.6	3	9.5	4	0.8	83	15.9	—	—
(b) Stability ...	—	—	17	13.9	—	—	2	1.7	1	9.5	1	0.2	46	8.9	1	17.2
Abdomen ...	2	1.6	9	7.4	—	—	2	1.7	—	3.2	2	0.4	20	3.8	—	—
Other ...	3	2.4	95	77.7	—	—	13	11.3	3	20.5	6	1.1	166	31.9	1	17.2

APPENDIX III

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

Table A—Eye Diseases, Defective Vision and Squint

								<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint ...								
Errors of refraction (including squint) ...	...	...	...	...				668
					Total	...	...	668
Number of pupils for whom spectacles were prescribed ...	...	...	...	...
						New	...	348
						Replacement		6

Table B—Diseases and Defects of Ear, Nose and Throat

								<i>Number of cases known to have been dealt with</i>
Received operative treatment :—								
For diseases of the ear ...	...	...	...	...	...			3
For adenoids and chronic tonsillitis ...	...	...	...	...	...			303
For other nose and throat conditions ...	...	...	...	...	...			14
Received other forms of treatment ...	...	...	...	...	...			486
					Total	...	...	806
Total number of pupils in schools who are known to have been provided with hearing aids :—								
In 1967 ...	...	...	...	...	...	...	...	1
In previous years ...	...	...	...	...	...	...	...	14

Table C—Orthopaedic and Postural Defects

								<i>Number of cases known to have been dealt with</i>
Pupils treated at clinics or out-patients departments ...	...	...						773
Pupils treated at school for postural defects ...	...	...	...					48
					Total	...	...	821

Table D—Diseases of the Skin
(excluding uncleanness, for which see Table C of Appendix I)

								<i>Number of cases known to have been treated</i>
Ringworm : (a) Scalp ...	...	...	...	...	...	...		1
(b) Body ...	...	...	...	...	...	...		2
Scabies ...	...	...	...	...	...	...		2
Impetigo ...	...	...	...	...	...	...		1
Other skin diseases ...	...	...	...	...	...	...		139
					Total	...	...	145

Table E—Child Guidance Treatment

	<i>Number of cases known to have been treated</i>
Pupils treated at Child Guidance Clinics	156

Table F—Speech Therapy

	<i>Number of cases known to have been treated</i>
Pupils treated by speech therapists	128

Table G—Other Treatment Given

	<i>Number of cases known to have been treated</i>
Pupils with minor ailments	709
Pupils who received convalescent treatment under School Health Service arrangements	—
Pupils who received B.C.G. vaccination	923
Other treatment	—
Total	1632

APPENDIX IV

DENTAL INSPECTION AND TREATMENT

(Carried out by the Authority)

	<i>Ages</i> 5 to 9	<i>Ages</i> 10 to 14	<i>Ages</i> 15 and <i>over</i>	<i>Total</i>
Attendances and Treatment :				
First visit	1672	1193	394	3259
Subsequent visits	956	1454	562	2972
Total visits	2628	2647	956	6231
Additional courses of treatment commenced ...	171	97	40	308
Fillings in permanent teeth	1094	2577	899	4570
Fillings in deciduous teeth	1239	38	—	1277
Permanent teeth filled	929	2224	820	3973
Deciduous teeth filled	1097	31	—	1128
Permanent teeth extracted	17	312	79	408
Deciduous teeth extracted	1009	298	—	1307
General anaesthetics	1	—	—	1
Emergencies	181	88	14	283
Number of pupils x-rayed	93			
Prophylaxis	671			
Teeth otherwise conserved	1010			
Number of teeth root filled	21			
Inlays	—			
Crowns	4			
Courses of treatment completed	3089			
Orthodontics :				
Cases remaining from previous year	67			
New cases commenced during year	37			
Cases completed during year ...	24			
Cases discontinued during year ...	3			
No. of removable appliances fitted	52			
No. of fixed appliances fitted ...	—			
Pupils referred to Hospital Consultant	7			
	<i>5 to 9</i>	<i>10 to 14</i>	<i>15 and over</i>	<i>Total</i>
Prosthetics :				
Pupils supplied with F.U. or F.L. (first time) ...	—	1	1	2
Pupils supplied with other dentures (first time)	—	2	4	6
Number of dentures supplied	—	4	5	9
Anaesthetics :				
General Anaesthetics administered by Dental Officers—Nil				
Inspections :				
(a) First inspection at school (number of pupils) ...	...	...	...	11355
(b) First inspection at clinic (number of pupils) ...	...	...	...	466
Number of (a) plus (b) found to require treatment	...	...	...	5042
Number of (a) plus (b) offered treatment ...	...	...	...	1013
(c) Pupils re-inspected at school or clinic ...	...	...	...	1250
Number of (c) found to require treatment	...	...	...	441
Sessions :				
Sessions devoted to treatment ... ..	...	1114		
Sessions devoted to inspection ... ..	...	130		
Sessions devoted to Dental Health Education ...	...	46		

APPENDIX V.

PRINCIPAL SCHOOL CLINICS.

The following table shows the location and frequency of the authority's principal School Clinics. Details of the year's work at these will be found in the individual reports of the officers concerned.

The Orthoptic and Ophthalmic Clinic services are provided under arrangements with the Regional Hospital Board.

<i>Name and Address of Clinic</i>	<i>Audio-logy</i>	<i>Consulta-tion</i>	<i>Dental</i>	<i>Remedial Exercise</i>	<i>Child Guidance</i>	<i>Speech Therapy</i>	<i>Orth-optic</i>	<i>Ophthal-mic*</i>
NEWPORT— County Hall	F	B	A	B	E	C	D	B
61 Crocker Street								
Forest Side School and Spastic Treatment Centre								
RYDE— Well Street								
Caversham House, Dover Street	F		A	B		B		
COWES— Health Centre, Consort Road								
SANDOWN-SHANKLIN— Lake Clinic								
WEST WIGHT— Nurses' Institute, Princes Road, Freshwater								

* Mr. J. M. Elsbey consults at the Medical Eye Centre, 146 High Street, Newport.

Key to Table: A—Permanent Clinic
B—One session weekly
C—Two sessions weekly
D—Three sessions weekly
E—Six sessions weekly
F—Once monthly

W. Blake & Son,
Printers,
Newport, I. W.